



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="196955.78"/>	<input type="text" value="196955.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="156723.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35254.04"/>	<input type="text" value="70508.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="191977.29"/>	<input type="text" value="267463.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40231.51"/>	<input type="text" value="115718.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151745.78"/>	<input type="text" value="151745.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25200.48	42548.48
(ii) Unitemized .....	10053.56	27959.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35254.04	70508.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35254.04	70508.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35254.04	70508.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35254.04	70508.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	231.51	468.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	231.51	468.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	101250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40231.51	115718.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40231.51	115718.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35254.04	70508.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35254.04	70508.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	231.51	468.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	231.51	468.08

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Steven Fay Abbass**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Woodhull Ct  
City Northport State NY Zip Code 11768-2844  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-67**  
Amount of Each Receipt this Period  
125.00  
 Memo Item

**B. Steven Fay Abbass**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Woodhull Ct  
City Northport State NY Zip Code 11768-2844  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 2016022919749-67**  
Amount of Each Receipt this Period  
125.00  
 Memo Item

**C. Rick A. Abell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6025 Princeton Reach Way  
City Granite Bay State CA Zip Code 95746-6217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-53**  
Amount of Each Receipt this Period  
125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rick A. Abell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6025 Princeton Reach Way  
 City Granite Bay State CA Zip Code 95746-6217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-53**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Eric D. Aslakson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15323 SE 82nd St  
 City Newcastle State WA Zip Code 98059-9223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-60**  
 Amount of Each Receipt this Period **62.50**  
 Memo Item

**C. Leslie Barbi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 N Lake Dr  
 City Fox Point State WI Zip Code 53217-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation Svp - Public Investments  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021119753-507**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>395.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Leslie Barbi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 N Lake Dr  
 City Fox Point State WI Zip Code 53217-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp - Public Investments  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022519749-507**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Rebekah B. Barsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N46W5455 Spring Ct  
 City Cedarburg State WI Zip Code 53012-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Planning & Sales  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **308.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021119753-765**  
 Amount of Each Receipt this Period **77.00**  
 Memo Item

**C. Rebekah B. Barsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N46W5455 Spring Ct  
 City Cedarburg State WI Zip Code 53012-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Planning & Sales  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **308.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022519749-765**  
 Amount of Each Receipt this Period **77.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>362.00</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 9 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Douglas P. Bates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5413 Mount Corcoran PI  
 City State Zip Code  
 Burke VA 22015-2188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML VP Federal Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-529**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**B. Blaise C. Beaulier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23300 Dover Line Rd  
 City State Zip Code  
 Waterford WI 53185-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML VP Ent Proj & Supp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 332.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-904**  
 Amount of Each Receipt this Period  
 83.00  
 Memo Item

**C. Blaise C. Beaulier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23300 Dover Line Rd  
 City State Zip Code  
 Waterford WI 53185-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML VP Ent Proj & Supp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 332.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-904**  
 Amount of Each Receipt this Period  
 83.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.00
<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 10 OF 72  
(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. Mitchell C. Beer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3387 Hampton Ct  
 City State Zip Code  
 Thousand Oaks CA 91362-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-29**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Mitchell C. Beer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3387 Hampton Ct  
 City State Zip Code  
 Thousand Oaks CA 91362-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-29**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Garrett J. Bleakley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5460 Chelsea Ave  
 City State Zip Code  
 La Jolla CA 92037-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-6**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
<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. Garrett J. Bleakley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5460 Chelsea Ave  
 City La Jolla State CA Zip Code 92037-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-6**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Debra Blevons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Pine Ct  
 City Appleton State WI Zip Code 54914-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-66**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Debra Blevons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Pine Ct  
 City Appleton State WI Zip Code 54914-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-66**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
02 / 15 / 2016  
**Transaction ID : 2016021519749-7**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : 2016022919749-7**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 10260 N Range Line C

City Mequon State WI Zip Code 53092

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

Name of Employer NML Occupation VP Facility Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 15 / 2016  
**Transaction ID : 2016021119753-775**

Amount of Each Receipt this Period  
100.00

Memo Item

**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: (check only one)	PAGE 13 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sandra L. Botcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10260 N Range Line C  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Facility Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-775**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Michael T. Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 395 La Casa Via  
 City Walnut Creek State CA Zip Code 94598-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021519749-22**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Michael T. Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 395 La Casa Via  
 City Walnut Creek State CA Zip Code 94598-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-22**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 7322 N Mohawk Rd

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

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

Name of Employer NML	Occupation EVP & CFO
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021119753-910**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 7322 N Mohawk Rd

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

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

Name of Employer NML	Occupation EVP & CFO
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

**Transaction ID : 2016022519749-910**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 12 High Meadow Ln

City Amherst	State NH	Zip Code 03031-2554
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021519749-37**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 12 High Meadow Ln

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-37**

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address N25W27286 Fairmount Ct

City Pewaukee State WI Zip Code 53072-4962

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

Name of Employer NML Occupation VP Strat Phil & Comm Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-662**

Amount of Each Receipt this Period 90.00

Memo Item

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

Mailing Address N25W27286 Fairmount Ct

City Pewaukee State WI Zip Code 53072-4962

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

Name of Employer NML Occupation VP Strat Phil & Comm Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-662**

Amount of Each Receipt this Period 90.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-3**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-3**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Tait Cruse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2961 Belclaire Dr  
 City Frisco State TX Zip Code 75034-5969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-28**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tait Cruise**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2961 Belclaire Dr  
City Frisco State TX Zip Code 75034-5969  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-28**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Brian R. Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6251 S Billings Way  
City Centennial State CO Zip Code 80111-6009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021519749-20**  
Amount of Each Receipt this Period **125.00**  
 Memo Item

**C. Brian R. Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6251 S Billings Way  
City Centennial State CO Zip Code 80111-6009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-20**  
Amount of Each Receipt this Period **125.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paul Dodd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7078 E Genesee St  
 City Fayetteville State NY Zip Code 13066-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-25**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Paul Dodd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7078 E Genesee St  
 City Fayetteville State NY Zip Code 13066-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-25**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Steven Dugal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Falcon Dr  
 City Mandeville State LA Zip Code 70471-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-26**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
<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. Steven Dugal**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Falcon Dr

City Mandeville State LA Zip Code 70471-2952

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-26**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 4656 N Wilshire Rd

City Whitefish Bay State WI Zip Code 53211-1260

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**02 / 29 / 2016**

**Transaction ID : 2016022519749-598**

Amount of Each Receipt this Period  
**55.00**

Memo Item

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

Mailing Address 18235 Shaker Blvd

City Shaker Heights State OH Zip Code 44120-1754

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-13**

Amount of Each Receipt this Period  
**150.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>413.00</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 20 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John C. Ertz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18235 Shaker Blvd  
 City Shaker Heights State OH Zip Code 44120-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-13**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Lance P. Franczyk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 E 24th St  
 City Tulsa State OK Zip Code 74114-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Lance P. Franczyk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 E 24th St  
 City Tulsa State OK Zip Code 74114-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 4 Windy Hill Ln

City Wayland State MA Zip Code 01778-2613

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-12**

Amount of Each Receipt this Period  
**125.00**

Memo Item

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

Mailing Address 4 Windy Hill Ln

City Wayland State MA Zip Code 01778-2613

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-12**

Amount of Each Receipt this Period  
**125.00**

Memo Item

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

Mailing Address 5421 N Idlewild Ave

City Whitefish Bay State WI Zip Code 53217-5331

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

Name of Employer NML Occupation Svp Agencies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021119753-592**

Amount of Each Receipt this Period  
**124.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>374.00</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 22 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Timothy J. Gerend</b>			Date of Receipt MM / DD / YYYY 02 / 29 / 2016 <b>Transaction ID : 2016022519749-592</b>		
Mailing Address 5421 N Idlewild Ave			Amount of Each Receipt this Period 124.00		
City Whitefish Bay	State WI	Zip Code 53217-5331	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer NML		Occupation Svp Agencies			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00			

Full Name (Last, First, Middle Initial) <b>B. Mitchell B. Glover</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2016 <b>Transaction ID : 2016021519749-11</b>		
Mailing Address 6700 Old Darby Trl NE			Amount of Each Receipt this Period 208.00		
City Ada	State MI	Zip Code 49301-8360	<input type="checkbox"/> Memo Item		
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 ▼ 832.00			

Full Name (Last, First, Middle Initial) <b>C. Mitchell B. Glover</b>			Date of Receipt MM / DD / YYYY 02 / 29 / 2016 <b>Transaction ID : 2016022919749-11</b>		
Mailing Address 6700 Old Darby Trl NE			Amount of Each Receipt this Period 208.00		
City Ada	State MI	Zip Code 49301-8360	<input type="checkbox"/> Memo Item		
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 ▼ 832.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kimberley Goode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2485 W Fairy Chasm Rd  
# R  
City River Hills State WI Zip Code 53217-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Comm & Corp Aff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021119753-541**  
Amount of Each Receipt this Period  
93.00  
 Memo Item

**B. Kimberley Goode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2485 W Fairy Chasm Rd  
# R  
City River Hills State WI Zip Code 53217-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Comm & Corp Aff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 2016022519749-541**  
Amount of Each Receipt this Period  
93.00  
 Memo Item

**C. Tom Goris Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4735 Wellington Dr  
City Long Grove State IL Zip Code 60047-5223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-23**  
Amount of Each Receipt this Period  
208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	394.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

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

Mailing Address 4735 Wellington Dr

City Long Grove State IL Zip Code 60047-5223

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 29 / 2016**  
Transaction ID : **2016022919749-23**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 3086 E Silver Hawk Dr

City Holladay State UT Zip Code 84121-1572

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**02 / 15 / 2016**  
Transaction ID : **2016021519749-70**

Amount of Each Receipt this Period  
**125.00**

Memo Item

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

Mailing Address 3086 E Silver Hawk Dr

City Holladay State UT Zip Code 84121-1572

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**02 / 29 / 2016**  
Transaction ID : **2016022919749-70**

Amount of Each Receipt this Period  
**125.00**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. John M. Grogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7860 N Club Cir  
 City State Zip Code  
 Fox Point WI 53217-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Svp Ins & Invest Prod  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-952**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. John M. Grogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7860 N Club Cir  
 City State Zip Code  
 Fox Point WI 53217-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Svp Ins & Invest Prod  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-952**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Stephen Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 Savonne Ct  
 City State Zip Code  
 Chesterfield MO 63005-4977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-41**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Stephen Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 Savonne Ct  
 City Chesterfield State MO Zip Code 63005-4977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-41**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Thomas C. Guay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W73N377 Mulberry Ave  
 City Cedarburg State WI Zip Code 53012-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation VP Risk Selection Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-612**  
 Amount of Each Receipt this Period  
 81.00  
 Memo Item

**c. Thomas C. Guay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W73N377 Mulberry Ave  
 City Cedarburg State WI Zip Code 53012-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation VP Risk Selection Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-612**  
 Amount of Each Receipt this Period  
 81.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	287.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gerard M. Hempstead**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 W Walling Dr

City Creve Coeur State MO Zip Code 63141-7371

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-52**

Amount of Each Receipt this Period  
**83.33**

Memo Item

**B. Gerard M. Hempstead**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 W Walling Dr

City Creve Coeur State MO Zip Code 63141-7371

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-52**

Amount of Each Receipt this Period  
**83.33**

Memo Item

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

Mailing Address 3315 Graham Hill Rd

City Orono State MN Zip Code 55356-5501

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-35**

Amount of Each Receipt this Period  
**208.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>374.66</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 28 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3315 Graham Hill Rd

City Orono State MN Zip Code 55356-5501

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt **02 / 29 / 2016**

**Transaction ID : 2016022919749-35**

Amount of Each Receipt this Period **208.00**

Memo Item

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

Mailing Address 2045 Elm Tree Rd

City Elm Grove State WI Zip Code 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt **02 / 15 / 2016**

**Transaction ID : 2016021119753-840**

Amount of Each Receipt this Period **94.00**

Memo Item

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

Mailing Address 2045 Elm Tree Rd

City Elm Grove State WI Zip Code 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt **02 / 29 / 2016**

**Transaction ID : 2016022519749-840**

Amount of Each Receipt this Period **94.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>396.00</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 29 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Steve H. Holter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11390 N Creekside Ct  
 City Mequon State WI Zip Code 53092-4377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-44**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Steve H. Holter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11390 N Creekside Ct  
 City Mequon State WI Zip Code 53092-4377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-44**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Scott Iodice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1930 Old Court Rd  
 City Ruxton State MD Zip Code 21204-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-17**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1930 Old Court Rd

City Ruxton State MD Zip Code 21204-1849

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**02 / 29 / 2016**  
Transaction ID : **2016022919749-17**

Amount of Each Receipt this Period  
**125.00**

Memo Item

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

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 15 / 2016**  
Transaction ID : **2016021119753-497**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 29 / 2016**  
Transaction ID : **2016022519749-497**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address W252N4956 Aberdeen Dr

City Pewaukee	State WI	Zip Code 53072-1351
------------------	-------------	------------------------

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

Name of Employer NML	Occupation Vice President-Cntrl
-------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021119753-749**

Amount of Each Receipt this Period  

94.00
-------

 Memo Item

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

Mailing Address W252N4956 Aberdeen Dr

City Pewaukee	State WI	Zip Code 53072-1351
------------------	-------------	------------------------

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

Name of Employer NML	Occupation Vice President-Cntrl
-------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 2016022519749-749**

Amount of Each Receipt this Period  

94.00
-------

 Memo Item

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

Mailing Address 7812 Remington Rd

City Montgomery	State OH	Zip Code 45242-7130
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021519749-58**

Amount of Each Receipt this Period  

125.00
--------

 Memo Item

<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: (check only one)	PAGE 32 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Shawn F. Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7812 Remington Rd  
 City Montgomery State OH Zip Code 45242-7130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-58**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. David Daniel Kiecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11696 Approach Blvd  
 City Fishers State IN Zip Code 46037-4146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-65**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. David Daniel Kiecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11696 Approach Blvd  
 City Fishers State IN Zip Code 46037-4146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-65**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William S. Koch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4645 Swilcan Bridge Ln S  
 City Jacksonville State FL Zip Code 32224-5621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-9**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. William S. Koch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4645 Swilcan Bridge Ln S  
 City Jacksonville State FL Zip Code 32224-5621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-9**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. John L. Kordsmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2522 W Daphne Rd  
 City Glendale State WI Zip Code 53209-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation VP Strat Phil & Comm Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-979**  
 Amount of Each Receipt this Period  
 93.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	343.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. John L. Kordsmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2522 W Daphne Rd  
 City Glendale State WI Zip Code 53209-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Strat Phil & Comm Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-979**  
 Amount of Each Receipt this Period 93.00  
 Memo Item

**B. M. Kevin Lawhon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2430 Vanderbilt Beach Rd Unit 108-349  
 City Naples State FL Zip Code 34109-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021519749-47**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. M. Kevin Lawhon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2430 Vanderbilt Beach Rd Unit 108-349  
 City Naples State FL Zip Code 34109-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-47**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	259.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Matthew James Lueder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2359 N Wahl Ave  
 City Milwaukee State WI Zip Code 53211-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021519749-64**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Matthew James Lueder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2359 N Wahl Ave  
 City Milwaukee State WI Zip Code 53211-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-64**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Jeffrey J. Lueken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1213 E Goodrich Ln  
 City Fox Point State WI Zip Code 53217-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Securities  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 672.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-837**  
 Amount of Each Receipt this Period 168.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey J. Lueken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1213 E Goodrich Ln  
 City State Zip Code  
 Fox Point WI 53217-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Svp Securities  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-837**  
 Amount of Each Receipt this Period  
 168.00  
 Memo Item

**B. Stephanie A. Lyons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 E Sylvan Ave  
 City State Zip Code  
 Whitefish Bay WI 53217-5353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML VP - Era  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-690**  
 Amount of Each Receipt this Period  
 52.00  
 Memo Item

**C. Raymond J. Manista**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7236 N Crossway Rd  
 City State Zip Code  
 Fox Point WI 53217-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Svp Gen Cnsl & Sec  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 201602119753-537**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	428.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Raymond J. Manista**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7236 N Crossway Rd  
City Fox Point State WI Zip Code 53217-3519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Gen Cnsl & Sec  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022519749-537**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Steven C. Mannebach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Colorado St # 260  
City Austin State TX Zip Code 78701-4103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **308.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021119753-643**  
Amount of Each Receipt this Period **77.00**  
 Memo Item

**C. Steven C. Mannebach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Colorado St # 260  
City Austin State TX Zip Code 78701-4103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **308.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022519749-643**  
Amount of Each Receipt this Period **77.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>362.00</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 38 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 Mountview Rd

City Wellesley State MA Zip Code 02481-2757

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
02 / 15 / 2016  
**Transaction ID : 2016021519749-2**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 11 Mountview Rd

City Wellesley State MA Zip Code 02481-2757

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : 2016022919749-2**

Amount of Each Receipt this Period  
208.00

Memo Item

**C. Jim E. Meeks Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2460 Lennox Dr

City Germantown State TN Zip Code 38138-4925

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 15 / 2016  
**Transaction ID : 2016021519749-16**

Amount of Each Receipt this Period  
125.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 39 OF 72  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Jim E. Meeks Jr.**

Mailing Address 2460 Lennox Dr

City State Zip Code  
Germantown TN 38138-4925

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 2016022919749-16**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 11315 E Winchcomb Dr

City State Zip Code  
Scottsdale AZ 85255-1638

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-51**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 11315 E Winchcomb Dr

City State Zip Code  
Scottsdale AZ 85255-1638

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 2016022919749-51**

Amount of Each Receipt this Period  
125.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kevin E. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Schenley Rd  
 City Pittsburgh State PA Zip Code 15217-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-34**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Kevin E. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Schenley Rd  
 City Pittsburgh State PA Zip Code 15217-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-34**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Kevin O Connell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 W Woodmere Rd  
 City Tampa State FL Zip Code 33609-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-68**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kevin O Connell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 W Woodmere Rd  
 City Tampa State FL Zip Code 33609-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-68**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Gregory C. Oberland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 N Lake Dr  
 City Whitefish Bay State WI Zip Code 53211-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-558**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**c. Gregory C. Oberland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 N Lake Dr  
 City Whitefish Bay State WI Zip Code 53211-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-558**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Matthew J. Plocher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4324 Chevy Chase Dr  
 City La Canada State CA Zip Code 91011-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-43**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Matthew J. Plocher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4324 Chevy Chase Dr  
 City La Canada State CA Zip Code 91011-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-43**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**c. Charles R. Pruett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Stonewall Dr  
 City Nashville State TN Zip Code 37220-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-45**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles R. Pruett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Stonewall Dr

City Nashville State TN Zip Code 37220-1022

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-45**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 111 W Ravine Ct

City Thiensville State WI Zip Code 53092-5861

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

Name of Employer NML  
Occupation VP Govt Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022519749-762**

Amount of Each Receipt this Period  
**53.00**

Memo Item

**C. Jeff D. Reeter**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Williamsburg Ln

City Houston State TX Zip Code 77024-5144

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-59**

Amount of Each Receipt this Period  
**125.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>386.00</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 44 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeff D. Reeter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Williamsburg Ln  
 City Houston State TX Zip Code 77024-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-59**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. David R. Remstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2634 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-3837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation Svp & Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-702**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. David R. Remstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2634 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-3837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML  
 Occupation Svp & Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-702**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Adam T. Rhoades**  
Full Name (Last, First, Middle Initial)

Mailing Address 2038 Rosemont Pl

City Vestavia State AL Zip Code 35243-1767

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-48**

Amount of Each Receipt this Period  
**208.00**

Memo Item

**B. Adam T. Rhoades**  
Full Name (Last, First, Middle Initial)

Mailing Address 2038 Rosemont Pl

City Vestavia State AL Zip Code 35243-1767

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-48**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 73 Oakwood Rd

City Huntington State WV Zip Code 25701-4148

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-71**

Amount of Each Receipt this Period  
**125.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>541.00</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 46 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wesley H. Richardson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 Oakwood Rd  
City Huntington State WV Zip Code 25701-4148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-71**  
Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. J. Daniel Rivers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 River Ridge Cv  
City Prospect State KY Zip Code 40059-8038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021519749-19**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

**C. J. Daniel Rivers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 River Ridge Cv  
City Prospect State KY Zip Code 40059-8038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **832.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022919749-19**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bethany M. Rodenhuis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 N Lake Dr  
 City Shorewood State WI Zip Code 53211-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Field Strat & Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-597**  
 Amount of Each Receipt this Period 133.00  
 Memo Item

**B. Bethany M. Rodenhuis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 N Lake Dr  
 City Shorewood State WI Zip Code 53211-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Field Strat & Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-597**  
 Amount of Each Receipt this Period 133.00  
 Memo Item

**C. Tammy M. Rou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N99W14710 Amber Dr  
 City Germantown State WI Zip Code 53022-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP & Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-754**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Matt Russo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 Deep Valley Rd  
City New Canaan State CT Zip Code 06840-2804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-50**  
Amount of Each Receipt this Period  
125.00  
 Memo Item

**B. Matt Russo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 Deep Valley Rd  
City New Canaan State CT Zip Code 06840-2804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016  
**Transaction ID : 2016022919749-50**  
Amount of Each Receipt this Period  
125.00  
 Memo Item

**C. R. Philip Sarnecki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18240 Melrose Dr  
City Bucyrus State KS Zip Code 66013-9081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016  
**Transaction ID : 2016021519749-30**  
Amount of Each Receipt this Period  
83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 72
<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. R. Philip Sarnecki**  
Full Name (Last, First, Middle Initial)

Mailing Address 18240 Melrose Dr

City Bucyrus State KS Zip Code 66013-9081

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-30**

Amount of Each Receipt this Period  
**83.33**

Memo Item

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

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2016**

**Transaction ID : 2016021519749-1**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-1**

Amount of Each Receipt this Period  
**208.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>499.33</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 50 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Timothy G. Schaefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1013 E Lexington Blvd  
 City State Zip Code  
 Whitefish Bay WI 53217-5381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML EVP Ent Ops & Tech  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-794**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Timothy G. Schaefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1013 E Lexington Blvd  
 City State Zip Code  
 Whitefish Bay WI 53217-5381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML EVP Ent Ops & Tech  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-794**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. John E. Schlifske**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Greenway Ter  
 City State Zip Code  
 Elm Grove WI 53122-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Chairman & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-719**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1500 Greenway Ter

City Elm Grove State WI Zip Code 53122-1611

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

Name of Employer NML Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt **02 / 29 / 2016**

**Transaction ID : 2016022519749-719**

Amount of Each Receipt this Period **208.00**

Memo Item

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

Mailing Address W205 Allen Rd

City Oconomowoc State WI Zip Code 53066-9048

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

Name of Employer NML Occupation Svp Int Cust Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **02 / 15 / 2016**

**Transaction ID : 2016021119753-738**

Amount of Each Receipt this Period **90.00**

Memo Item

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

Mailing Address W205 Allen Rd

City Oconomowoc State WI Zip Code 53066-9048

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

Name of Employer NML Occupation Svp Int Cust Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **02 / 29 / 2016**

**Transaction ID : 2016022519749-738**

Amount of Each Receipt this Period **90.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>388.00</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 52 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Todd M. Schoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9400 N Valley Hill Rd  
 # R  
 City River Hills State WI Zip Code 53217-1037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Field Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-1008**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Todd M. Schoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9400 N Valley Hill Rd  
 # R  
 City River Hills State WI Zip Code 53217-1037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Field Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-1008**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Sarah E. Schott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5712 N Kent Ave  
 City Whitefish Bay State WI Zip Code 53217-4724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Compliance/Bp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-685**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Adam David Seiden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Sunset Rd  
 City Darien State CT Zip Code 06820-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-63**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Adam David Seiden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Sunset Rd  
 City Darien State CT Zip Code 06820-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-63**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Brad P. Seitzinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Pine Needle Trl  
 City Oakland Twp State MI Zip Code 48306-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-33**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Brad P. Seitzinger</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2016
Mailing Address 920 Pine Needle Trl		<b>Transaction ID : 2016022919749-33</b>
City Oakland Twp	State MI	Zip Code 48306-1034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.00	
Name of Employer Self-Employed	Occupation General Insurance Agent	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) <b>B. David W. Simbro</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2016
Mailing Address 311 E Erie St Unit 4		<b>Transaction ID : 2016021119753-997</b>
City Milwaukee	State WI	Zip Code 53202-6040
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00	
Name of Employer NML	Occupation Svp Life & Ann Products	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. David W. Simbro</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2016
Mailing Address 311 E Erie St Unit 4		<b>Transaction ID : 2016022519749-997</b>
City Milwaukee	State WI	Zip Code 53202-6040
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00	
Name of Employer NML	Occupation Svp Life & Ann Products	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	378.00
<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 55 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Steve P. Sperka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S67W17735 Copper Oaks Ct  
 City Muskego State WI Zip Code 53150-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Field Rewards  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **388.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021119753-741**  
 Amount of Each Receipt this Period **97.00**  
 Memo Item

**B. Steve P. Sperka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S67W17735 Copper Oaks Ct  
 City Muskego State WI Zip Code 53150-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Field Rewards  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **388.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : 2016022519749-741**  
 Amount of Each Receipt this Period **97.00**  
 Memo Item

**C. David G. Stoeffel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6311 N Lake Dr  
 City Whitefish Bay State WI Zip Code 53217-4343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Investment Services  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **308.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 2016021119753-817**  
 Amount of Each Receipt this Period **77.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>271.00</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 56 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. David G. Stoeffel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6311 N Lake Dr  
 City State Zip Code  
 Whitefish Bay WI 53217-4343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML VP Investment Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-817**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item

**B. Peter F. Striano III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11050 NW 78th PI  
 City State Zip Code  
 Parkland FL 33076-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-46**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Peter F. Striano III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11050 NW 78th PI  
 City State Zip Code  
 Parkland FL 33076-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-46**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 327.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 609 S 249th Cir

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 15 / 2016  
Transaction ID : 2016021519749-15

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 609 S 249th Cir

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 29 / 2016  
Transaction ID : 2016022919749-15

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 12505 Ventana Mesa Cir

City Castle Pines State CO Zip Code 80108-9148

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
02 / 15 / 2016  
Transaction ID : 2016021519749-27

Amount of Each Receipt this Period  
208.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Scott P. Theodore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12505 Ventana Mesa Cir  
 City Castle Pines State CO Zip Code 80108-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-27**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Alex J. Tronco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Stoneridge Dr  
 City Loudonville State NY Zip Code 12211-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-56**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Alex J. Tronco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Stoneridge Dr  
 City Loudonville State NY Zip Code 12211-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-56**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Leo C. Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Potomac River Rd  
 City State Zip Code  
 Mc Lean VA 22102-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-42**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Leo C. Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Potomac River Rd  
 City State Zip Code  
 Mc Lean VA 22102-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022919749-42**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. John Van Der Hyde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 849 Sabot Hill Rd  
 City State Zip Code  
 Manakin Sabot VA 23103-3009  
 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 ▼  
 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-18**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 72
<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. John Van Der Hyde**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 Sabot Hill Rd

City Manakin Sabot	State VA	Zip Code 23103-3009
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 2016022919749-18**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 2423 Beretania Cir

City Charlotte	State NC	Zip Code 28211-3631
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021519749-55**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 2423 Beretania Cir

City Charlotte	State NC	Zip Code 28211-3631
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 2016022919749-55**

Amount of Each Receipt this Period  
208.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Conrad C. York**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 511100

City Milwaukee	State WI	Zip Code 53203-0191
-------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Marketing
-------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021119753-722**

Amount of Each Receipt this Period  
101.00

Memo Item

**B. Conrad C. York**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 511100

City Milwaukee	State WI	Zip Code 53203-0191
-------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Marketing
-------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 2016022519749-722**

Amount of Each Receipt this Period  
101.00

Memo Item

**C. T. Scott Zach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6630 Country Creek Ln

City Cedar Rapids	State IA	Zip Code 52403-7023
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

**Transaction ID : 2016021519749-49**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	327.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 6630 Country Creek Ln

City Cedar Rapids State IA Zip Code 52403-7023

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022919749-49**

Amount of Each Receipt this Period 125.00

Memo Item

**B. Thomas D. Zale**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 E Menlo Blvd

City Shorewood State WI Zip Code 53211-2652

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

Name of Employer NML Occupation VP Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 2016021119753-743**

Amount of Each Receipt this Period 130.00

Memo Item

**c. Thomas D. Zale**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 E Menlo Blvd

City Shorewood State WI Zip Code 53211-2652

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

Name of Employer NML Occupation VP Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2016022519749-743**

Amount of Each Receipt this Period 130.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Todd O. Zinkgraf**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Ferris Dr

City North Prairie State WI Zip Code 53153-9455

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

Name of Employer NML Occupation VP Ent Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021119753-942**

Amount of Each Receipt this Period  
 81.00

Memo Item

**B. Todd O. Zinkgraf**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Ferris Dr

City North Prairie State WI Zip Code 53153-9455

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

Name of Employer NML Occupation VP Ent Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 2016022519749-942**

Amount of Each Receipt this Period  
 81.00

Memo Item

**C. Jeffrey Zuzolo**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Wildwood Dr

City Avon State CT Zip Code 06001-4413

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016  
**Transaction ID : 2016021519749-10**

Amount of Each Receipt this Period  
 208.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 64 OF 72  
(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)  
**Jeffrey Zuzolo**

Mailing Address 104 Wildwood Dr

City Avon State CT Zip Code 06001-4413

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : 2016022919749-10**

Amount of Each Receipt this Period  
**208.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>208.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>25200.48</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 618F4FA61DF391956B3**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2016

**Transaction ID : 376C7CD06C176BB898C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 General

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

**Transaction ID : 3E8EA65D45ACC697124**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blum for Congress**

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement  
2016 General

011

Candidate Name

**Rodney Leland Blum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : 6494A019D9C8A5A388B**

Amount of Each Disbursement this Period

2500.00

Memo Item

**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**

Full Name (Last, First, Middle Initial)

### A. Carper for Senate

Mailing Address PO Box 2882

City State Zip Code  
Wilmington DE 19805

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Thomas Richard Carper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : 1635562CE63E7FECDBE

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. Democratic Party of Wisconsin

Mailing Address 15 N. Pinckney  
Suite 200

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Democratic Party of Wisconsin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : 20C123A43A5206E15EC

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Dold for Congress

Mailing Address PO Box 6312

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement  
2016 General

011

Candidate Name

**Robert James Dold Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : BC72DF725AA687793B0

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

8500.00
---------

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b through 30b with checkboxes, where line 23 is checked.

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

Form A: Duffy for Congress. Includes fields for Name, Address, City (Wausau), State (WI), Zip Code (54402-0538), Purpose (2016 General), Candidate Name (Sean Patrick Duffy), Office Sought (House), Disbursement For (2016 General), and Transaction ID (0E40444F652E37ED9C7).

Form B: Duffy for Congress. Includes fields for Name, Address, City (Wausau), State (WI), Zip Code (54402-0538), Purpose (2016 Primary), Candidate Name (Sean Patrick Duffy), Office Sought (House), Disbursement For (2016 Primary), and Transaction ID (26BD9847F836F3A35B8).

Form C: Friends of Michelle. Includes fields for Name, Address (PO Box 25422), City (Albuquerque), State (NM), Zip Code (87125), Purpose (2016 Primary), Candidate Name (Michelle Lujan Grisham), Office Sought (House), Disbursement For (2016 Primary), and Transaction ID (7FCFFC4B8E1861828DF).

SUBTOTAL of Disbursements This Page (optional) 3500.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Roy Dean Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : 87235B506FFC3AD816D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : C69BED31EC6ECBC69D8

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : 4EBDDF185510C8D36A5

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 72
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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

Full Name (Last, First, Middle Initial) <b>A. Hatch Election Committee Inc</b>	Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address PO Box 3986	<b>Transaction ID : 9C40730FAA9198DEA6F</b>  Amount of Each Disbursement this Period _____ 2500.00  <input type="checkbox"/> Memo Item
City Washington State DC Zip Code 20027	
Purpose of Disbursement 2018 Convention	
Candidate Name <b>Orrin Grant Hatch</b>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: _____	

Full Name (Last, First, Middle Initial) <b>B. Jason Smith for Congress</b>	Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO Box 1324	<b>Transaction ID : 4C7839E89ED749B2DC8</b>  Amount of Each Disbursement this Period _____ 1000.00  <input type="checkbox"/> Memo Item
City Cape Girardeau State MO Zip Code 63702-1324	
Purpose of Disbursement 2016 Primary	
Candidate Name <b>Jason Thomas Smith</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	

Full Name (Last, First, Middle Initial) <b>C. Larson for Congress</b>	Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address PO Box 261172	<b>Transaction ID : 14C39EACC4679000A72</b>  Amount of Each Disbursement this Period _____ 1500.00  <input type="checkbox"/> Memo Item
City Hartford State CT Zip Code 06126-1172	
Purpose of Disbursement 2016 Convention	
Candidate Name <b>John Barry Larson</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	

<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**

Full Name (Last, First, Middle Initial)

**A. Mike Bishop for Congress**

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael D. Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : D39841966DDA7C006D7

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Renee L. Ellmers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : DD99C1E8D02383BC453

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican Party of Wisconsin**

Mailing Address 148 E. Johnson St.

City Madison State WI Zip Code 53703

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Republican Party of Wisconsin**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

Transaction ID : CE0010038FDFB40D82

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Keith James Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

**Transaction ID : 42CB03436479C1710B0**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Young for Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement  
2016 General

011

Candidate Name

**David Edmund Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

**Transaction ID : 4F765F423308AAEEA77**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

40000.00
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