

**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="180875.35"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="36413.10"/> | <input type="text" value="246582.00"/> |
| (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="217288.45"/> | <input type="text" value="443537.78"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="20238.18"/> | <input type="text" value="246487.51"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="197050.27"/> | <input type="text" value="197050.27"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 31499.98 | 189832.24 |
| (ii) Unitemized | 4913.12 | 56749.76 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 36413.10 | 246582.00 |
| (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) | 36413.10 | 246582.00 |
| 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))..... ▶ | 36413.10 | 246582.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 36413.10 | 246582.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 238.18 | 1737.51 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 238.18 | 1737.51 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 20000.00 | 230750.00 |
| 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)) .. | 20238.18 | 246487.51 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20238.18 | 246487.51 |

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) | 36413.10 | 246582.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36413.10 | 246582.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 238.18 | 1737.51 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 238.18 | 1737.51 |

**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 127 |
| <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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071519749-69

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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072919737-70

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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071519749-53

Amount of Each Receipt this Period
125.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 7 OF 127
(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. Rick A Abell
 Full Name (Last, First, Middle Initial)
 Mailing Address 6025 Princeton Reach Way
 City State Zip Code
 Granite Bay CA 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-54
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Eric D Aslakson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15323 SE 82nd St
 City State Zip Code
 Newcastle WA 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-61
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Eric D Aslakson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15323 SE 82nd St
 City State Zip Code
 Newcastle WA 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-62
 Amount of Each Receipt this Period
 62.50
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 127 |
| | <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. Mark J. Backe
 Full Name (Last, First, Middle Initial)
 Mailing Address 4419 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ins & Ops Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-639
 Amount of Each Receipt this Period **22.00**
 Memo Item

B. Mark J. Backe
 Full Name (Last, First, Middle Initial)
 Mailing Address 4419 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ins & Ops Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-638
 Amount of Each Receipt this Period **22.00**
 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 **2912.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-519
 Amount of Each Receipt this Period **208.00**
 Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 252.00 |
| TOTAL This Period (last page this line 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 127 |
| <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. 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 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-518
Amount of Each Receipt this Period 208.00
 Memo Item

B. David A. Barras
Full Name (Last, First, Middle Initial)
Mailing Address 8700 W Bennington Ct
City Mequon State WI Zip Code 53097-3440
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 294.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-656
Amount of Each Receipt this Period 21.00
 Memo Item

C. David A. Barras
Full Name (Last, First, Middle Initial)
Mailing Address 8700 W Bennington Ct
City Mequon State WI Zip Code 53097-3440
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 294.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-655
Amount of Each Receipt this Period 21.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 127 |
| | <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

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Rebekah B. Barsch | | Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 2016071319748-782 |
| Mailing Address N46W5455 Spring Ct | | Amount of Each Receipt this Period 77.00 |
| 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 | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Rebekah B. Barsch | | Date of Receipt MM / DD / YYYY 07 / 31 / 2016 Transaction ID : 2016072719755-781 |
| Mailing Address N46W5455 Spring Ct | | Amount of Each Receipt this Period 77.00 |
| 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 | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Blaise C. Beaulier | | Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 2016071319748-922 |
| Mailing Address 23300 Dover Line Rd | | Amount of Each Receipt this Period 96.00 |
| City Waterford | State WI | Zip Code 53185-4908 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NML | Occupation VP Ent Proj & Supp | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1188.00 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 127 |
| | <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. Blaise C. Beaulier
 Full Name (Last, First, Middle Initial)
 Mailing Address 23300 Dover Line Rd
 City Waterford State WI Zip Code 53185-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ent Proj & Supp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1188.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-920
 Amount of Each Receipt this Period **96.00**
 Memo Item

B. Mitchell C Beer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-29
 Amount of Each Receipt this Period **125.00**
 Memo Item

c. Mitchell C Beer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-29
 Amount of Each Receipt this Period **125.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 346.00 |
| TOTAL This Period (last page this line 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 127 |
| <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. J Philip Bender
Full Name (Last, First, Middle Initial)

Mailing Address 70 Forest St
Apt 18D

City Stamford State CT Zip Code 06901-1881

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-31

Amount of Each Receipt this Period
50.00

Memo Item

B. J Philip Bender
Full Name (Last, First, Middle Initial)

Mailing Address 70 Forest St
Apt 18D

City Stamford State CT Zip Code 06901-1881

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-31

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3520 Dumbarton Rd NW

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-24

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00

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

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

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 127 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. Dwaan C Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 3520 Dumbarton Rd NW
 City Atlanta State GA Zip Code 30327-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-24
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Garrett J Bleakley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-6
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Garrett J Bleakley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-6
 Amount of Each Receipt this Period **125.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 127
(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. Debra Blevons
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-68
 Amount of Each Receipt this Period
 125.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Debra Blevons
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-69
 Amount of Each Receipt this Period
 125.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Timothy John Bohannon
 Mailing Address 8677 Alvarado Ct
 City Inver Grove State MN Zip Code 55077-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-7
 Amount of Each Receipt this Period
 208.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 127 |
| | <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 | <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 ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-7

Amount of Each Receipt this Period
208.00

Memo Item

B. 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 ▼
1408.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-792

Amount of Each Receipt this Period
104.00

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 ▼
1408.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-791

Amount of Each Receipt this Period
104.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 127
(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. Jennifer L. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Div & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-823
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Jennifer L. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Div & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-822
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Anne T. Brower
 Full Name (Last, First, Middle Initial)
 Mailing Address 2314 E Edgewood Ave
 City Shorewood State WI Zip Code 53211-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-526
 Amount of Each Receipt this Period 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.00
TOTAL This Period (last page this line 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 127 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Michael T Byrne | | Date of Receipt 07 / 15 / 2016 Transaction ID : 2016071519749-22 |
| Mailing Address 395 La Casa Via | | Amount of Each Receipt this Period 208.00 |
| City Walnut Creek | State CA | Zip Code 94598-4842 |
| FEC ID number of contributing federal political committee. C | Memo Item <input type="checkbox"/> | |
| Name of Employer Self-Employed | Occupation General Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2912.00 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Michael T Byrne | | Date of Receipt 07 / 31 / 2016 Transaction ID : 2016072919737-22 |
| Mailing Address 395 La Casa Via | | Amount of Each Receipt this Period 208.00 |
| City Walnut Creek | State CA | Zip Code 94598-4842 |
| FEC ID number of contributing federal political committee. C | Memo Item <input type="checkbox"/> | |
| Name of Employer Self-Employed | Occupation General Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2912.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Susan W. Callanan | | Date of Receipt 07 / 15 / 2016 Transaction ID : 2016071319748-1028 |
| Mailing Address 2736 N Shepard Ave | | Amount of Each Receipt this Period 32.00 |
| City Milwaukee | State WI | Zip Code 53211-3852 |
| FEC ID number of contributing federal political committee. C | Memo Item <input type="checkbox"/> | |
| Name of Employer NML | Occupation Director- Mktplc Policy and Op | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 352.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 448.00 |
| TOTAL This Period (last page this line 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 127 |
| <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. Susan W. Callanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Director- Mktplc Policy and Op
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **352.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-1026
 Amount of Each Receipt this Period **32.00**
 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 **2912.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-927
 Amount of Each Receipt this Period **208.00**
 Memo Item

c. Michael G. Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation EVP & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-925
 Amount of Each Receipt this Period **208.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 448.00 |
| TOTAL This Period (last page this line 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 127 |
| | <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 | <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 ▼ 1050.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-37

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 ▼ 1270.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-675

Amount of Each Receipt this Period 95.00

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 ▼ 1270.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-674

Amount of Each Receipt this Period 95.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 22 OF 127 |
| <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 Michael Condrey
Full Name (Last, First, Middle Initial)

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-3

Amount of Each Receipt this Period
208.00

Memo Item

B. R Michael Condrey
Full Name (Last, First, Middle Initial)

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-3

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 2961 Belclaire Dr

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-28

Amount of Each Receipt this Period
208.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 127 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Tait 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-28
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-20
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-20
 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 24 OF 127 |
| | <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. Chad D. Dern
Full Name (Last, First, Middle Initial)

Mailing Address 624 E Beaumont Ave

City State Zip Code
Whitefish Bay WI 53217-4809

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

Name of Employer Occupation
NML Dir Brand & Adv Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-752

Amount of Each Receipt this Period
23.00

Memo Item

B. Chad D. Dern
Full Name (Last, First, Middle Initial)

Mailing Address 624 E Beaumont Ave

City State Zip Code
Whitefish Bay WI 53217-4809

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

Name of Employer Occupation
NML Dir Brand & Adv Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-751

Amount of Each Receipt this Period
23.00

Memo Item

C. Paul Dodd
Full Name (Last, First, Middle Initial)

Mailing Address 7078 E Genesee St

City State Zip Code
Fayetteville NY 13066-1123

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 ▼
2912.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-25

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.00

TOTAL This Period (last page this line 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 127 |
| | <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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-26
 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-26
 Amount of Each Receipt this Period
 208.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 127 |
| <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 E. Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 4656 N Wilshire Rd

City State Zip Code
Whitefish Bay WI 53211-1260

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

Name of Employer Occupation
NML VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-609

Amount of Each Receipt this Period
55.00

Memo Item

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

Mailing Address 4656 N Wilshire Rd

City State Zip Code
Whitefish Bay WI 53211-1260

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

Name of Employer Occupation
NML VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-608

Amount of Each Receipt this Period
55.00

Memo Item

C. Eric J. Ekeroth
Full Name (Last, First, Middle Initial)

Mailing Address 19672 Stanford Hall PI

City State Zip Code
Ashburn VA 20147-5223

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

Name of Employer Occupation
NML Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-577

Amount of Each Receipt this Period
20.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130.00 |
| TOTAL This Period (last page this line 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 127 |
| | <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. Eric J. Ekeroth
Full Name (Last, First, Middle Initial)

Mailing Address 19672 Stanford Hall Pl

City Ashburn State VA Zip Code 20147-5223

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

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-576

Amount of Each Receipt this Period
 20.00

Memo Item

B. R. David Ells
Full Name (Last, First, Middle Initial)

Mailing Address 3722 W Grace Ave

City Mequon State WI Zip Code 53092-2760

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

Name of Employer NML Occupation Mang Dir Priv Plcmts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-838

Amount of Each Receipt this Period
 27.00

Memo Item

C. R. David Ells
Full Name (Last, First, Middle Initial)

Mailing Address 3722 W Grace Ave

City Mequon State WI Zip Code 53092-2760

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

Name of Employer NML Occupation Mang Dir Priv Plcmts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-837

Amount of Each Receipt this Period
 27.00

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 74.00 |
| TOTAL This Period (last page this line 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 127 |
| | <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. Keith A Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 07 / 15 / 2016
Transaction ID : 2016071519749-14
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Keith A Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 07 / 31 / 2016
Transaction ID : 2016072919737-14
 Amount of Each Receipt this Period 42.00
 Memo Item

C. John C Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City Shaker Hts 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 ▼ 1800.00

Date of Receipt
 07 / 15 / 2016
Transaction ID : 2016071519749-13
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 159.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 127 |
| | <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. John C Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City Shaker Hts 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 ▼ 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-13
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Lee M Fortenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Lake Ridge Dr
 City Madison State MS Zip Code 39110-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-39
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Lee M Fortenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Lake Ridge Dr
 City Madison State MS Zip Code 39110-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-40
 Amount of Each Receipt this Period
 42.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 159.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Gerald E. Fradin
Full Name (Last, First, Middle Initial)

Mailing Address 120 Belle Ave

City Highland Park State IL Zip Code 60035-2504

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

Name of Employer NML Occupation VP Wmc Inv Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-574

Amount of Each Receipt this Period 30.00

Memo Item

B. Gerald E. Fradin
Full Name (Last, First, Middle Initial)

Mailing Address 120 Belle Ave

City Highland Park State IL Zip Code 60035-2504

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

Name of Employer NML Occupation VP Wmc Inv Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-573

Amount of Each Receipt this Period 30.00

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 ▼ 918.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-40

Amount of Each Receipt this Period 42.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 31 OF 127
(check only one)

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

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

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

Mailing Address 2224 E 24th St

City State Zip Code
Tulsa OK 74114-2912

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 ▼
918.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : 2016072919737-41

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 3225 Somers Ln

City State Zip Code
Port Washington WI 53074-9503

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

Name of Employer Occupation
NML Director Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 2016071319748-1019

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 3225 Somers Ln

City State Zip Code
Port Washington WI 53074-9503

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

Name of Employer Occupation
NML Director Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : 2016072719755-1017

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **82.00**

TOTAL This Period (last page this line 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 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Robert T Frieling
Full Name (Last, First, Middle Initial)
Mailing Address 4 Windy Hill Ln
City Wayland State MA Zip Code 01778-2613
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-12
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 1750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-12
Amount of Each Receipt this Period 125.00
 Memo Item

C. Sheila M. Gavin
Full Name (Last, First, Middle Initial)
Mailing Address 5735 N Crestwood Blvd
City Glendale State WI Zip Code 53209-4309
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Ins
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 284.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-995
Amount of Each Receipt this Period 22.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 127 |
| | <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. Sheila M. Gavin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 N Crestwood Blvd
 City Glendale State WI Zip Code 53209-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-993
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Chris K. Gawart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-618
 Amount of Each Receipt this Period 40.00
 Memo Item

c. Chris K. Gawart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-617
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 102.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer Occupation
NML Svp Distribution Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1736.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-603

Amount of Each Receipt this Period
124.00

Memo Item

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

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer Occupation
NML Svp Distribution Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1736.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-602

Amount of Each Receipt this Period
124.00

Memo Item

C. Walter M. Givler
Full Name (Last, First, Middle Initial)

Mailing Address 2036 N Prospect Ave

City State Zip Code
Milwaukee WI 53202-1260

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

Name of Employer Occupation
NML VP Solvency Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
592.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-597

Amount of Each Receipt this Period
44.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 127 |
| | <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. Walter M. Givler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Solvency Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **592.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-596
 Amount of Each Receipt this Period **44.00**
 Memo Item

B. Mitchell B Glover
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 Old Darby Trl NE
 City Ada State MI Zip Code 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-11
 Amount of Each Receipt this Period **208.00**
 Memo Item

C. Mitchell B Glover
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 Old Darby Trl NE
 City Ada State MI Zip Code 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-11
 Amount of Each Receipt this Period **208.00**
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 127 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Thomas J Goes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 07 / 15 / 2016
Transaction ID : 2016071519749-62
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Thomas J Goes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 07 / 31 / 2016
Transaction ID : 2016072919737-63
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. 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 ▼
 1346.00

Date of Receipt
 07 / 15 / 2016
Transaction ID : 2016071319748-551
 Amount of Each Receipt this Period
 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 127 |
| | <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 | <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 ▼
1346.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-550

Amount of Each Receipt this Period
115.00

Memo Item

B. Patrick K Gores
Full Name (Last, First, Middle Initial)

Mailing Address 2702 28th Ave S

City Fargo State ND Zip Code 58103-5045

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-5

Amount of Each Receipt this Period
42.00

Memo Item

C. Patrick K Gores
Full Name (Last, First, Middle Initial)

Mailing Address 2702 28th Ave S

City Fargo State ND Zip Code 58103-5045

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-5

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 199.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 127 |
| | <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. 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 **2912.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-23
Amount of Each Receipt this Period **208.00**
 Memo Item

B. Tom Goris JR
Full Name (Last, First, Middle Initial)
Mailing Address 4735 Wellington Dr
City Long Grove State IL Zip Code 60047-5223
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-23
Amount of Each Receipt this Period **208.00**
 Memo Item

C. Karl G. Gouverneur
Full Name (Last, First, Middle Initial)
Mailing Address 12895 N Cobblestone Ct
City Mequon State WI Zip Code 53097-1812
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Chief Tech Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-1050
Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **436.00**
TOTAL This Period (last page this line 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 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 7860 N Club Cir

| | | |
|-------------------|-------------|------------------------|
| City Fox Point | State WI | Zip Code 53217-2939 |
|-------------------|-------------|------------------------|

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

| | |
|-------------------------|-------------------------------------|
| Name of Employer NML | Occupation Svp Ins & Invest Prod |
|-------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071319748-972

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 Fox Point | State WI | Zip Code 53217-2939 |
|-------------------|-------------|------------------------|

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

| | |
|-------------------------|-------------------------------------|
| Name of Employer NML | Occupation Svp Ins & Invest Prod |
|-------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072719755-970

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 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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071519749-41

Amount of Each Receipt this Period
125.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 127 |
| | <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. 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 ▼ 1750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-42

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 ▼ 1140.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-623

Amount of Each Receipt this Period 84.00

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 ▼ 1140.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-622

Amount of Each Receipt this Period 84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 293.00 |
| TOTAL This Period (last page this line 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 127 |
| | <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. Stephen T Guinan
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-36
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Stephen T Guinan
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-36
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Paul J. Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-1008
 Amount of Each Receipt this Period
 27.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 43 OF 127
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Paul J. Hanson

Mailing Address N38W23333 Broken Hill Cir S

| | | |
|------------------|-------------|------------------------|
| City Pewaukee | State WI | Zip Code 53072-2764 |
|------------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------|
| Name of Employer NML | Occupation Managing Director |
|-------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072719755-1006

Amount of Each Receipt this Period
27.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Laura J. Hauschild

Mailing Address 14611 50th Rd

| | | |
|--------------------|-------------|------------------------|
| City Sturtevant | State WI | Zip Code 53177-1038 |
|--------------------|-------------|------------------------|

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

| | |
|-------------------------|---|
| Name of Employer NML | Occupation Dir Adv Prac, Grps & Team |
|-------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071319748-723

Amount of Each Receipt this Period
24.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Laura J. Hauschild

Mailing Address 14611 50th Rd

| | | |
|--------------------|-------------|------------------------|
| City Sturtevant | State WI | Zip Code 53177-1038 |
|--------------------|-------------|------------------------|

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

| | |
|-------------------------|---|
| Name of Employer NML | Occupation Dir Adv Prac, Grps & Team |
|-------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072719755-722

Amount of Each Receipt this Period
24.00

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line 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 127 |
| <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. Wayne F. Heidenreich, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4753 N Larkin St
 City State Zip Code
 Whitefish Bay WI 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Medical Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-973
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Wayne F. Heidenreich, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4753 N Larkin St
 City State Zip Code
 Whitefish Bay WI 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Medical Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-971
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Gerard M Hempstead
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 W Walling Dr
 City State Zip Code
 Creve Coeur MO 63141-7371
 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 ▼
 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-52
 Amount of Each Receipt this Period
 83.33
 Memo Item

| | | |
|---|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 133.33 |
| TOTAL This Period (last page this line number only)..... | ▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 127 |
| | <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. 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 ▼
 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-53
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Mark J Heurung
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

c. Mark J Heurung
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 127 |
| | <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. 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 **1318.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-856
 Amount of Each Receipt this Period **95.00**
 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 **1318.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-855
 Amount of Each Receipt this Period **95.00**
 Memo Item

C. Laila V. Hick
 Full Name (Last, First, Middle Initial)
 Mailing Address 10315 W Sunset Ave
 City Wauwatosa State WI Zip Code 53222-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Distribution Growth Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-967
 Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **210.00**
TOTAL This Period (last page this line number only).....

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 47 OF 127 |
| <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. Laila V. Hick
 Full Name (Last, First, Middle Initial)
 Mailing Address 10315 W Sunset Ave
 City Wauwatosa State WI Zip Code 53222-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Distribution Growth Support
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-965
 Amount of Each Receipt this Period **20.00**
 Memo Item

B. Matthew J. Holleran
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Ketch Rd
 City Morristown State NJ Zip Code 07960-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Asst Regional Director
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **220.50**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-515
 Amount of Each Receipt this Period **58.00**
 Memo Item

C. 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) Memo Item
 Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-44
 Amount of Each Receipt this Period **208.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **286.00**
TOTAL This Period (last page this line 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 127 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 11390 N Creekside Ct

City Mequon State WI Zip Code 53092-4377

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-45

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 1930 Old Court Rd

City Ruxton State MD Zip Code 21204-1849

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-17

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 1930 Old Court Rd

City Ruxton State MD Zip Code 21204-1849

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-17

Amount of Each Receipt this Period
125.00

Memo Item

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 49 OF 127 |
| <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. Nicholas E. Jahnke
Full Name (Last, First, Middle Initial)

Mailing Address 23702 Champe Ford Rd

| | | |
|--------------------|-------------|------------------------|
| City Middleburg | State VA | Zip Code 20117-2940 |
|--------------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------|
| Name of Employer NML | Occupation Regional Director |
|-------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071319748-888

Amount of Each Receipt this Period

| |
|-------|
| 36.00 |
|-------|

 Memo Item

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

Mailing Address 23702 Champe Ford Rd

| | | |
|--------------------|-------------|------------------------|
| City Middleburg | State VA | Zip Code 20117-2940 |
|--------------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------|
| Name of Employer NML | Occupation Regional Director |
|-------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072719755-887

Amount of Each Receipt this Period

| |
|-------|
| 36.00 |
|-------|

 Memo Item

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

Mailing Address 4611 N Wildwood Ave

| | | |
|-----------------------|-------------|------------------------|
| City Whitefish Bay | State WI | Zip Code 53211-1123 |
|-----------------------|-------------|------------------------|

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

| | |
|-------------------------|------------------------------------|
| Name of Employer NML | Occupation VP Field Integration |
|-------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071319748-917

Amount of Each Receipt this Period

| |
|-------|
| 44.00 |
|-------|

 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 50 OF 127
(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. Meg E. Jansky
 Mailing Address 4611 N Wildwood Ave
 City State Zip Code
 Whitefish Bay WI 53211-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Field Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-915
 Amount of Each Receipt this Period
 44.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Ronald P. Joelson
 Mailing Address 825 N Prospect Ave # U
 City State Zip Code
 Milwaukee WI 53202-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML EVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2896.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-509
 Amount of Each Receipt this Period
 200.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Ronald P. Joelson
 Mailing Address 825 N Prospect Ave # U
 City State Zip Code
 Milwaukee WI 53202-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML EVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2896.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-508
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 444.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 127
(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. Marie B. Johnson

Mailing Address 18220 San Lucas Ct

City State Zip Code
 Brookfield WI 53045-3870

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

Name of Employer Occupation
 NML App Dev Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2016
Transaction ID : 2016072719755-777

Amount of Each Receipt this Period
 15.00

Memo Item

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

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code
 Pewaukee WI 53072-1351

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

Name of Employer Occupation
 NML Vice President-Cntrl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1326.00

Date of Receipt
 07 / 15 / 2016
Transaction ID : 2016071319748-765

Amount of Each Receipt this Period
 99.00

Memo Item

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

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code
 Pewaukee WI 53072-1351

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

Name of Employer Occupation
 NML Vice President-Cntrl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1326.00

Date of Receipt
 07 / 31 / 2016
Transaction ID : 2016072719755-764

Amount of Each Receipt this Period
 99.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 213.00

TOTAL This Period (last page this line 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 127 |
| | <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 | <input type="checkbox"/> 17 |

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

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

Mailing Address 7812 Remington Rd

City Montgomery State OH Zip Code 45242-7130

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-58

Amount of Each Receipt this Period
125.00

Memo Item

B. 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 ▼ 1750.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-59

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 7495 Bridlespur Ln

City Delaware State OH Zip Code 43015-8613

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-54

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 127 |
| | <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. Troy B Kemelgor
Full Name (Last, First, Middle Initial)

Mailing Address 7495 Bridlespur Ln

City Delaware State OH Zip Code 43015-8613

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-55

Amount of Each Receipt this Period 42.00

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 ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-66

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 ▼ 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-67

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 54 OF 127 |
| | <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. 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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071519749-9

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 ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2016 |

Transaction ID : 2016072919737-9

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 5799 Windsona Cir

| | | |
|-------------------|-------------|------------------------|
| City Fitchburg | State WI | Zip Code 53711-5839 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2016 |

Transaction ID : 2016071519749-4

Amount of Each Receipt this Period
42.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 55 OF 127 |
| <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 H Kosnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5799 Windsona Cir
 City Fitchburg State WI Zip Code 53711-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-4
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Carol L. Kracht
 Full Name (Last, First, Middle Initial)
 Mailing Address 3357 N Lake Dr
 City Milwaukee State WI Zip Code 53211-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **616.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-928
 Amount of Each Receipt this Period **44.00**
 Memo Item

C. Carol L. Kracht
 Full Name (Last, First, Middle Initial)
 Mailing Address 3357 N Lake Dr
 City Milwaukee State WI Zip Code 53211-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **616.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-926
 Amount of Each Receipt this Period **44.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 130.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 56 OF 127 |
| <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. Donald H. Larson
Full Name (Last, First, Middle Initial)
Mailing Address 450 Freedom Ct
City Gurnee State IL Zip Code 60031-4493
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Itoi (Comp Ops)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-588
Amount of Each Receipt this Period 17.00
 Memo Item

B. Donald H. Larson
Full Name (Last, First, Middle Initial)
Mailing Address 450 Freedom Ct
City Gurnee State IL Zip Code 60031-4493
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Itoi (Comp Ops)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-587
Amount of Each Receipt this Period 17.00
 Memo Item

C. Todd L. Laszewski
Full Name (Last, First, Middle Initial)
Mailing Address 2604 N 90th St
City Wauwatosa State WI Zip Code 53226-1813
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Ltc Prod Dev
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 294.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-846
Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line 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 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Todd L. Laszewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2604 N 90th St
 City Wauwatosa State WI Zip Code 53226-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Ltc Prod Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-845
 Amount of Each Receipt this Period **21.00**
 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 **1166.62**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-47
 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 **1166.62**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-48
 Amount of Each Receipt this Period **83.33**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 187.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 127 |
| | <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. Elizabeth J. Lentini
 Full Name (Last, First, Middle Initial)
 Mailing Address 5525 N Hollywood Ave
 City State Zip Code
 Whitefish Bay WI 53217-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Chief Compliance Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-1036
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Robert D Lowrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 W Goldthread Cir
 City State Zip Code
 Sioux Falls SD 57108-2824
 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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-8
 Amount of Each Receipt this Period
 42.00
 Memo Item

c. Robert D Lowrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 W Goldthread Cir
 City State Zip Code
 Sioux Falls SD 57108-2824
 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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-8
 Amount of Each Receipt this Period
 42.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 99.00 |
| TOTAL This Period (last page this line 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 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Matthew James Lueder
Full Name (Last, First, Middle Initial)

Mailing Address 2359 N Wahl Ave

City Milwaukee State WI Zip Code 53211-4513

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-65

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 ▼
1750.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-66

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 ▼
2352.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-854

Amount of Each Receipt this Period
168.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 418.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Jeffrey J. Lueken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 E Goodrich Ln
 City Fox Point State WI Zip Code 53217-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2352.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-853
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Stephanie A. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-704
 Amount of Each Receipt this Period 52.00
 Memo Item

C. Stephanie A. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-703
 Amount of Each Receipt this Period 52.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 127 |
| | <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. Cory A Mahaffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **920.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-57
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Cory A Mahaffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **920.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-58
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Raymond J. Manista
 Full Name (Last, First, Middle Initial)
 Mailing Address 7236 N Crossway Rd
 City Fox Point State WI Zip Code 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Svp Gen Cnsl & Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2912.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-547
 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 62 OF 127 |
| | <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. 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 ▼ 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-546

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 ▼ 1104.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-657

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 ▼ 1104.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-656

Amount of Each Receipt this Period 103.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 388.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 127 |
| | <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 S. Marks
Full Name (Last, First, Middle Initial)

Mailing Address 8232 S Country Club Cir

City Franklin State WI Zip Code 53132-8532

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

Name of Employer NML Occupation Dir Reqts & Multi- Life

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-568

Amount of Each Receipt this Period 21.00

Memo Item

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

Mailing Address 8232 S Country Club Cir

City Franklin State WI Zip Code 53132-8532

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

Name of Employer NML Occupation Dir Reqts & Multi- Life

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-567

Amount of Each Receipt this Period 21.00

Memo Item

C. 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 ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-2

Amount of Each Receipt this Period 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 127 |
| | <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 | <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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-2
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Brian W McClure
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-63
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Brian W McClure
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-64
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 127 |
| | <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. McLennon
Full Name (Last, First, Middle Initial)

Mailing Address 2571 N 86th St

City Wauwatosa State WI Zip Code 53226-1921

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

Name of Employer NML Occupation VP Ips Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : **2016071319748-581**

Amount of Each Receipt this Period **39.00**

Memo Item

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

Mailing Address 2571 N 86th St

City Wauwatosa State WI Zip Code 53226-1921

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

Name of Employer NML Occupation VP Ips Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : **2016072719755-580**

Amount of Each Receipt this Period **39.00**

Memo Item

C. Corey D McQuade
Full Name (Last, First, Middle Initial)

Mailing Address 190 S Berkley Ave

City Elmhurst State IL Zip Code 60126-3228

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.64**

Date of Receipt **07 / 15 / 2016**
Transaction ID : **2016071519749-67**

Amount of Each Receipt this Period **104.16**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **182.16**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 127 |
| | <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. Corey D McQuade
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 S Berkley Ave
 City Elmhurst State IL Zip Code 60126-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-68
 Amount of Each Receipt this Period
 104.16
 Memo Item

B. Daniel J. Meehan
 Full Name (Last, First, Middle Initial)
 Mailing Address N30W6890 Lincoln Blvd
 City Cedarburg State WI Zip Code 53012-2266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-549
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Jim Edwards Meeks JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-16
 Amount of Each Receipt this Period
 125.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 247.16 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 127 |
| | <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. Jim Edwards Meeks JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-16
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Arthur J. Mees, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Regional VP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 456.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-1033
 Amount of Each Receipt this Period 36.00
 Memo Item

C. Arthur J. Mees, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Regional VP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 456.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-1031
 Amount of Each Receipt this Period 36.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 197.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 127 |
| | <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. Ben Miller
Full Name (Last, First, Middle Initial)
Mailing Address 11315 E Winchcomb Dr
City State Zip Code
Scottsdale AZ 85255-1638
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed General Insurance Agent
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016
Transaction ID : 2016071519749-51
Amount of Each Receipt this Period
125.00
 Memo Item

B. Ben Miller
Full Name (Last, First, Middle Initial)
Mailing Address 11315 E Winchcomb Dr
City State Zip Code
Scottsdale AZ 85255-1638
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed General Insurance Agent
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2016
Transaction ID : 2016072919737-52
Amount of Each Receipt this Period
125.00
 Memo Item

C. Joseph Miller
Full Name (Last, First, Middle Initial)
Mailing Address N33W29207 Millridge Rd
City State Zip Code
Pewaukee WI 53072-3264
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NML Managing Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016
Transaction ID : 2016071319748-724
Amount of Each Receipt this Period
20.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 69 OF 127
(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. Joseph Miller
 Mailing Address N33W29207 Millridge Rd
 City State Zip Code
 Pewaukee WI 53072-3264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Managing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-723
 Amount of Each Receipt this Period
 20.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Kevin E Miller
 Mailing Address 214 Schenley Rd
 City State Zip Code
 Pittsburgh PA 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Kevin E Miller
 Mailing Address 214 Schenley Rd
 City State Zip Code
 Pittsburgh PA 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 436.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Christian Mitchell
 Mailing Address 640 E Carlisle Ave
 City State Zip Code
 Whitefish Bay WI 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Pres & CEO Wealth Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-606
 Amount of Each Receipt this Period
 55.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Christian Mitchell
 Mailing Address 640 E Carlisle Ave
 City State Zip Code
 Whitefish Bay WI 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Pres & CEO Wealth Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-605
 Amount of Each Receipt this Period
 55.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Karen A. Molloy
 Mailing Address 2004 N 85th St
 City State Zip Code
 Wauwatosa WI 53226-2846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-837
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 146.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Karen A. Molloy

Mailing Address 2004 N 85th St

City State Zip Code
 Wauwatosa WI 53226-2846

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

Name of Employer Occupation
 NML VP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 201607271975-836

Amount of Each Receipt this Period
 36.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Scott J. Morris

Mailing Address 4406 N Madero Drive

City State Zip Code
 Mequon WI 53092

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

Name of Employer Occupation
 NML Ast Gn Cnl & Ast Sec -Tax/HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 201607271975-1009

Amount of Each Receipt this Period
 15.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code
 Grafton WI 53024-2270

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

Name of Employer Occupation
 NML Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-579

Amount of Each Receipt this Period
 19.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 127 |
| | <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. Martin A. Moser
Full Name (Last, First, Middle Initial)

Mailing Address 378 Juniper Ct

City Grafton State WI Zip Code 53024-2270

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-578

Amount of Each Receipt this Period 19.00

Memo Item

B. Timothy Michael Mulroy
Full Name (Last, First, Middle Initial)

Mailing Address 29 Lexington Way

City Trabuco Cyn State CA Zip Code 92679-4734

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-72

Amount of Each Receipt this Period 75.00

Memo Item

C. Timothy Michael Mulroy
Full Name (Last, First, Middle Initial)

Mailing Address 29 Lexington Way

City Trabuco Cyn State CA Zip Code 92679-4734

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-73

Amount of Each Receipt this Period 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 169.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 73 OF 127 |
| <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. Jeremy D. Newman
Full Name (Last, First, Middle Initial)
Mailing Address 1140 Lone Tree Rd
City Elm Grove State WI Zip Code 53122-2019
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Distribution Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **458.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-1040
Amount of Each Receipt this Period **37.00**
 Memo Item

B. Jeremy D. Newman
Full Name (Last, First, Middle Initial)
Mailing Address 1140 Lone Tree Rd
City Elm Grove State WI Zip Code 53122-2019
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Distribution Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **458.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-1038
Amount of Each Receipt this Period **37.00**
 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 **2082.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-71
Amount of Each Receipt this Period **208.00**
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 75 OF 127 |
| <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. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-570
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-569
 Amount of Each Receipt this Period
 208.00
 Memo Item

c. Kevin K. Olp
 Full Name (Last, First, Middle Initial)
 Mailing Address 13140 W North Ln
 City State Zip Code
 New Berlin WI 53151-9007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Dir Creat Svcs Sol & Co Init
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 212.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-649
 Amount of Each Receipt this Period
 16.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 432.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 76 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Brian G Petrando
 Full Name (Last, First, Middle Initial)
 Mailing Address 9533 Marbella Dr
 City Fort Worth State TX Zip Code 76126-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-21
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Brian G Petrando
 Full Name (Last, First, Middle Initial)
 Mailing Address 9533 Marbella Dr
 City Fort Worth State TX Zip Code 76126-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-21
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. William C. Pickering
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 N 81st St
 City Wauwatosa State WI Zip Code 53213-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-979
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Michele E. Pierz
Full Name (Last, First, Middle Initial)

Mailing Address 9719 N Lamplighter Ln

City Mequon State WI Zip Code 53092-5322

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

Name of Employer NML Occupation Dir Field Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-521

Amount of Each Receipt this Period 20.00

Memo Item

B. Michele E. Pierz
Full Name (Last, First, Middle Initial)

Mailing Address 9719 N Lamplighter Ln

City Mequon State WI Zip Code 53092-5322

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

Name of Employer NML Occupation Dir Field Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-520

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4324 Chevy Chase Dr

City La Canada State CA Zip Code 91011-3203

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2082.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-43

Amount of Each Receipt this Period 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 248.00

TOTAL This Period (last page this line 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 78 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Matthew J Plocher
 Full Name (Last, First, Middle Initial)
 Mailing Address 4324 Chevy Chase Dr
 City La Canada State CA Zip Code 91011-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-44
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Rebecca L. Porter
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation VP Corp Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-537
 Amount of Each Receipt this Period 59.00
 Memo Item

C. Rebecca L. Porter
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation VP Corp Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-536
 Amount of Each Receipt this Period 59.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 326.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Michael E. Pritzl
Full Name (Last, First, Middle Initial)
Mailing Address 572 Cottonwood Ln
City Grafton State WI Zip Code 53024-9591
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Managing Director Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 434.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-914
Amount of Each Receipt this Period 31.00
 Memo Item

B. Michael E. Pritzl
Full Name (Last, First, Middle Initial)
Mailing Address 572 Cottonwood Ln
City Grafton State WI Zip Code 53024-9591
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Managing Director Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 434.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-912
Amount of Each Receipt this Period 31.00
 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 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-45
Amount of Each Receipt this Period 208.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 127 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

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

Mailing Address 1019 Stonewall Dr

City Nashville State TN Zip Code 37220-1022

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-46

Amount of Each Receipt this Period 208.00

Memo Item

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

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 ▼ 742.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-779

Amount of Each Receipt this Period 53.00

Memo Item

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

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 ▼ 742.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-778

Amount of Each Receipt this Period 53.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 127 |
| | <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 | <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 ▼ 1770.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-59
Amount of Each Receipt this Period 130.00
 Memo Item

B. Jeff D Reeter
Full Name (Last, First, Middle Initial)
Mailing Address 7 Williamsburg Ln
City Houston State TX Zip Code 77024-5144
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1770.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-60
Amount of Each Receipt this Period 130.00
 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 ▼ 1500.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-715
Amount of Each Receipt this Period 120.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 380.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 127 |
| | <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 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 ▼ 1500.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-714
 Amount of Each Receipt this Period 120.00
 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 ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-48
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Adam T Rhoades
 Full Name (Last, First, Middle Initial)
 Mailing Address 2038 Rosemont Pl
 City Vestavia State AL Zip Code 35243-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-49
 Amount of Each Receipt this Period 208.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 536.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 127 |
| | <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. Peter K. Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 E Green Tree Rd
 City Fox Point State WI Zip Code 53217-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 280.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-501
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Peter K. Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 E Green Tree Rd
 City Fox Point State WI Zip Code 53217-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-500
 Amount of Each Receipt this Period 20.00
 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) Memo Item
 Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-74
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 165.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 127 |
| | <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 | <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 ▼ 1750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-75
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Daniel A. Riedl
 Full Name (Last, First, Middle Initial)
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation VP Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-649
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Daniel A. Riedl
 Full Name (Last, First, Middle Initial)
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation VP Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-648
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. J Daniel Rivers
Full Name (Last, First, Middle Initial)
Mailing Address 3601 River Ridge Cv
City Prospect State KY Zip Code 40059-8038
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-19
Amount of Each Receipt this Period 208.00
 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 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-19
Amount of Each Receipt this Period 208.00
 Memo Item

C. Bethany M. Rodenhuis
Full Name (Last, First, Middle Initial)
Mailing Address 3900 N Lake Dr
City Shorewood State WI Zip Code 53211-2448
FEC ID number of contributing federal political committee. **C**
Name of Employer NML
Occupation Svp Distr Strat & Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1862.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-608
Amount of Each Receipt this Period 133.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 549.00
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 127 |
| | <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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Bethany M. Rodenhuis | | Date of Receipt MM / DD / YYYY 07 / 31 / 2016 Transaction ID : 2016072719755-607 |
| Mailing Address 3900 N Lake Dr | | Amount of Each Receipt this Period 133.00 |
| City Shorewood | State WI | Zip Code 53211-2448 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer NML | Occupation Svp Distr Strat & Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1862.00 | |
| <input type="checkbox"/> Memo Item | | |

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Tammy M. Rou | | Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 2016071319748-771 |
| Mailing Address N99W14710 Amber Dr | | Amount of Each Receipt this Period 60.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |
| <input type="checkbox"/> Memo Item | | |

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Tammy M. Rou | | Date of Receipt MM / DD / YYYY 07 / 31 / 2016 Transaction ID : 2016072719755-770 |
| Mailing Address N99W14710 Amber Dr | | Amount of Each Receipt this Period 60.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |
| <input type="checkbox"/> Memo Item | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 253.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 127 |
| | <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. 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 ▼ 2082.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016
Transaction ID : 2016071519749-50
Amount of Each Receipt this Period
208.00
 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 ▼ 2082.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2016
Transaction ID : 2016072919737-51
Amount of Each Receipt this Period
208.00
 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 ▼ 1233.30

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016
Transaction ID : 2016071519749-30
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: PAGE 88 OF 127
(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. R Philip Sarnecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 18240 Melrose Dr
 City State Zip Code
 Bucyrus KS 66013-9081
 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 ▼
 1233.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-30
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Joseph M Savino
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Benedek Rd
 City State Zip Code
 Princeton NJ 08540-2227
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-1
 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 State Zip Code
 Princeton NJ 08540-2227
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072919737-1
 Amount of Each Receipt this Period
 208.00
 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 89 OF 127 |
| | <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. Linda Ann Schaefer
Full Name (Last, First, Middle Initial)

Mailing Address 1522 N Prospect Ave

City Milwaukee State WI Zip Code 53202-6512

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

Name of Employer NML Occupation Dir Integrated Shrd Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-661

Amount of Each Receipt this Period 16.00

Memo Item

B. Linda Ann Schaefer
Full Name (Last, First, Middle Initial)

Mailing Address 1522 N Prospect Ave

City Milwaukee State WI Zip Code 53202-6512

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

Name of Employer NML Occupation Dir Integrated Shrd Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-660

Amount of Each Receipt this Period 16.00

Memo Item

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

Mailing Address 1013 E Lexington Blvd

City Whitefish Bay State WI Zip Code 53217-5381

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

Name of Employer NML Occupation EVP Ent Ops & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-809

Amount of Each Receipt this Period 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1013 E Lexington Blvd

City State Zip Code
Whitefish Bay WI 53217-5381

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

Name of Employer Occupation
NML EVP Ent Ops & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-808

Amount of Each Receipt this Period
208.00

Memo Item

B. Cal D. Schattschneider
Full Name (Last, First, Middle Initial)

Mailing Address 5940 Stefanie Way

City State Zip Code
Caledonia WI 53108-9563

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

Name of Employer Occupation
NML Dir Strat Align & Fin Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-985

Amount of Each Receipt this Period
36.00

Memo Item

C. Cal D. Schattschneider
Full Name (Last, First, Middle Initial)

Mailing Address 5940 Stefanie Way

City State Zip Code
Caledonia WI 53108-9563

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

Name of Employer Occupation
NML Dir Strat Align & Fin Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-983

Amount of Each Receipt this Period
36.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 280.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 127 |
| | <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. Sherri L. Schickert
Full Name (Last, First, Middle Initial)

Mailing Address W147N9815 Emerald Ln

City State Zip Code
Germantown WI 53022-6620

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

Name of Employer Occupation
NML Dir Proj/Bus Imp Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 2016071319748-799

Amount of Each Receipt this Period
21.00

Memo Item

B. Sherri L. Schickert
Full Name (Last, First, Middle Initial)

Mailing Address W147N9815 Emerald Ln

City State Zip Code
Germantown WI 53022-6620

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

Name of Employer Occupation
NML Dir Proj/Bus Imp Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2016

Transaction ID : 2016072719755-798

Amount of Each Receipt this Period
21.00

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 ▼
2912.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 2016071319748-733

Amount of Each Receipt this Period
208.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 92 OF 127
(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. John E. Schlifske
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-732
 Amount of Each Receipt this Period
 208.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Kathleen H. Schluter
 Mailing Address 5057 N Palisades Rd
 City State Zip Code
 Whitefish Bay WI 53217-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Tax Policy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-734
 Amount of Each Receipt this Period
 40.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Kathleen H. Schluter
 Mailing Address 5057 N Palisades Rd
 City State Zip Code
 Whitefish Bay WI 53217-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Tax Policy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-733
 Amount of Each Receipt this Period
 40.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 127 |
| | <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 | <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. 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 ▼ **1280.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-753

Amount of Each Receipt this Period **100.00**

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 ▼ **1280.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-752

Amount of Each Receipt this Period **100.00**

Memo Item

C. Rodd Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 1415 E Fairy Chasm Rd # R

City Bayside State WI Zip Code 53217-1433

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

Name of Employer NML Occupation VP Litig & Dist Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **618.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-513

Amount of Each Receipt this Period **45.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **245.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 127 |
| | <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. Rodd Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 1415 E Fairy Chasm Rd
R

City Bayside State WI Zip Code 53217-1433

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

Name of Employer NML Occupation VP Litig & Dist Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **618.00**

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-512

Amount of Each Receipt this Period
45.00

Memo Item

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

Mailing Address 4380 N Wildwood Ave

City Shorewood State WI Zip Code 53211-1436

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

Name of Employer NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-727

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4380 N Wildwood Ave

City Shorewood State WI Zip Code 53211-1436

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

Name of Employer NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-726

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 95 OF 127
(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. Sarah E. Schott
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 N Kent Ave
 City State Zip Code
 Whitefish Bay WI 53217-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Compliance/Bp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-699
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. Sarah E. Schott
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 N Kent Ave
 City State Zip Code
 Whitefish Bay WI 53217-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Compliance/Bp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-698
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Adam David Seiden
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Sunset Rd
 City State Zip Code
 Darien CT 06820-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071519749-64
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 328.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 127 |
| | <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 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 ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-65

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 920 Pine Needle Trl

City Oakland Twp State MI Zip Code 48306-1034

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-33

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 ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-33

Amount of Each Receipt this Period
208.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 127 |
| | <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 W. Simbro
Full Name (Last, First, Middle Initial)

Mailing Address 311 E Erie St
Unit 4

City Milwaukee State WI Zip Code 53202-6040

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

Name of Employer NML Occupation Svp Life & Ann Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-1016

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 311 E Erie St
Unit 4

City Milwaukee State WI Zip Code 53202-6040

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

Name of Employer NML Occupation Svp Life & Ann Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-1014

Amount of Each Receipt this Period
85.00

Memo Item

c. 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) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071319748-757

Amount of Each Receipt this Period
98.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.00

TOTAL This Period (last page this line 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 98 OF 127 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Steve 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) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-756

Amount of Each Receipt this Period 98.00

Memo Item

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

Mailing Address 2301 E Newton Ave

City Shorewood State WI Zip Code 53211-2617

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-589

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 2301 E Newton Ave

City Shorewood State WI Zip Code 53211-2617

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-588

Amount of Each Receipt this Period 20.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 138.00 |
| TOTAL This Period (last page this line 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 99 OF 127 |
| | <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. 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 President & CEO Nmis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1118.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-833
 Amount of Each Receipt this Period
 97.00
 Memo Item

B. 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 President & CEO Nmis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1118.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : 2016072719755-832
 Amount of Each Receipt this Period
 97.00
 Memo Item

C. Stephen R. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2511 N 95th St
 City State Zip Code
 Wauwatosa WI 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Director - Erm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-652
 Amount of Each Receipt this Period
 28.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 222.00 |
| TOTAL This Period (last page this line 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 100 OF 127 |
| | <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. Stephen R. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2511 N 95th St
 City Wauwatosa State WI Zip Code 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Director - Erm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-651
 Amount of Each Receipt this Period 28.00
 Memo Item

B. Richard A. Strait
 Full Name (Last, First, Middle Initial)
 Mailing Address 9086 N Tennyson Dr
 City Bayside State WI Zip Code 53217-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-1014
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Richard A. Strait
 Full Name (Last, First, Middle Initial)
 Mailing Address 9086 N Tennyson Dr
 City Bayside State WI Zip Code 53217-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-1012
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line 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 101 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Peter F Striano III
Full Name (Last, First, Middle Initial)
Mailing Address 11050 NW 78th Pl
City Parkland State FL Zip Code 33076-4723
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-46
Amount of Each Receipt this Period **125.00**
 Memo Item

B. Peter F Striano III
Full Name (Last, First, Middle Initial)
Mailing Address 11050 NW 78th Pl
City Parkland State FL Zip Code 33076-4723
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-47
Amount of Each Receipt this Period **125.00**
 Memo Item

C. Steven J. Stribling
Full Name (Last, First, Middle Initial)
Mailing Address 11830 W Whitaker Ave
City Greenfield State WI Zip Code 53228-2455
FEC ID number of contributing federal political committee. **C**
Name of Employer NML
Occupation VP Disability Income
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **460.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-1029
Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Steven J. Stribling
 Full Name (Last, First, Middle Initial)
 Mailing Address 11830 W Whitaker Ave
 City Greenfield State WI Zip Code 53228-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Disability Income
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **460.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-1027
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **546.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-836
 Amount of Each Receipt this Period **39.00**
 Memo Item

C. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **546.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-835
 Amount of Each Receipt this Period **39.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 128.00 |
| TOTAL This Period (last page this line 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 103 OF 127 |
| | <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. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-788
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-787
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Steven P. Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10535 N Gazebo Hill
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-1009
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 91.00
TOTAL This Period (last page this line 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 104 OF 127 |
| <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 P. Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10535 N Gazebo Hill
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-1007
 Amount of Each Receipt this Period **21.00**
 Memo Item

B. Benjamin E. Swoboda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5227 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **206.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-828
 Amount of Each Receipt this Period **19.00**
 Memo Item

C. Thomas Talajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4119 N Prospect Ave
 City Shorewood State WI Zip Code 53211-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Corp Financial Plng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-818
 Amount of Each Receipt this Period **24.00**
 Memo Item

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | 64.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 105 OF 127 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Thomas Talajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4119 N Prospect Ave
 City Shorewood State WI Zip Code 53211-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Corp Financial Plng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-817
 Amount of Each Receipt this Period **24.00**
 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 **1750.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-15
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Michael F Tews
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 S 249th Cir
 City Waterloo State NE Zip Code 68069-4432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-15
 Amount of Each Receipt this Period **125.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 274.00 |
| TOTAL This Period (last page this line 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 106 OF 127 |
| | <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 | <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 ▼
2912.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-27

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 12505 Ventana Mesa Cir

City Castle Pines State CO Zip Code 80108-9148

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-27

Amount of Each Receipt this Period
208.00

Memo Item

C. Douglas D. Timmer
Full Name (Last, First, Middle Initial)

Mailing Address 633 W McIntosh Ln

City Mequon State WI Zip Code 53092-6022

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

Name of Employer NML
Occupation Ast Gn Cnl & Ast Sec/Secr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072719755-952

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 431.00

TOTAL This Period (last page this line 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 107 OF 127 |
| | <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 S. Treptow
Full Name (Last, First, Middle Initial)

Mailing Address 8207 N Gray Log Ln

City Fox Point State WI Zip Code 53217-2863

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-851

Amount of Each Receipt this Period 35.00

Memo Item

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

Mailing Address 8207 N Gray Log Ln

City Fox Point State WI Zip Code 53217-2863

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-850

Amount of Each Receipt this Period 35.00

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 ▼ 1750.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-56

Amount of Each Receipt this Period 125.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 108 OF 127
(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. Alex J Tronco

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 ▼ **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-57

Amount of Each Receipt this Period **125.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Chris G. Trost

Mailing Address 1218 E Olive St

City Shorewood State WI Zip Code 53211-1825

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

Name of Employer NML Occupation VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-587

Amount of Each Receipt this Period **37.00**

Memo Item

Full Name (Last, First, Middle Initial)
c. Chris G. Trost

Mailing Address 1218 E Olive St

City Shorewood State WI Zip Code 53211-1825

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

Name of Employer NML Occupation VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-586

Amount of Each Receipt this Period **37.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **199.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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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 ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 2016071519749-42

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 ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2016

Transaction ID : 2016072919737-43

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 ▼
2912.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 2016071519749-18

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 110 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. John Van Der Hyde
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 Sabot Hill Rd
 City Manakin Sabot State VA Zip Code 23103-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-18
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Deborah Vandommelen, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Medical Dir
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 308.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-891
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Deborah Vandommelen, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Medical Dir
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 308.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-890
 Amount of Each Receipt this Period 22.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Andrew T. Vedder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4856 N Bartlett Ave
 City State Zip Code
 Whitefish Bay WI 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Director- Erm
 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
 07 / 15 / 2016
Transaction ID : 2016071319748-1032
 Amount of Each Receipt this Period
 22.00
 Memo Item

B. Andrew T. Vedder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4856 N Bartlett Ave
 City State Zip Code
 Whitefish Bay WI 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Director- Erm
 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
 07 / 31 / 2016
Transaction ID : 2016072719755-1030
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. Janine L. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 N Prospect Ave
 City State Zip Code
 Milwaukee WI 53202-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Dir Plng & Prod Ins Cons
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 2016071319748-774
 Amount of Each Receipt this Period
 17.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 61.00 |
| TOTAL This Period (last page this line 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 112 OF 127 |
| | <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. Janine L. Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 1300 N Prospect Ave

City Milwaukee State WI Zip Code 53202-3022

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

Name of Employer NML Occupation Dir Png & Prod Ins Cons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-773

Amount of Each Receipt this Period 17.00

Memo Item

B. Andrew T. Wassweiler
Full Name (Last, First, Middle Initial)

Mailing Address 6746 W River Terrace Dr # D

City Franklin State WI Zip Code 53132-8363

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-763

Amount of Each Receipt this Period 17.00

Memo Item

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

Mailing Address 6746 W River Terrace Dr # D

City Franklin State WI Zip Code 53132-8363

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-762

Amount of Each Receipt this Period 17.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.00

TOTAL This Period (last page this line 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 113 OF 127 |
| <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. Alison F. Watson
Full Name (Last, First, Middle Initial)
Mailing Address 420 Independence Ave SE
City Washington State DC Zip Code 20003-1046
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Fed Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-996
Amount of Each Receipt this Period 60.00
 Memo Item

B. Alison F. Watson
Full Name (Last, First, Middle Initial)
Mailing Address 420 Independence Ave SE
City Washington State DC Zip Code 20003-1046
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Fed Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-994
Amount of Each Receipt this Period 60.00
 Memo Item

C. Jeffrey B. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 2004 N 72nd St
City Wauwatosa State WI Zip Code 53213-1828
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Nmis-Nmwmc Chief Compl Off
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 532.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-557
Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.00
TOTAL This Period (last page this line 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 114 OF 127 |
| | <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 B. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 N 72nd St
 City Wauwatosa State WI Zip Code 53213-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Nmis-Nmwmc Chief Compl Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-556
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Kamilah D. Williams-Kemp
 Full Name (Last, First, Middle Initial)
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-769
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Kamilah D. Williams-Kemp
 Full Name (Last, First, Middle Initial)
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-768
 Amount of Each Receipt this Period 40.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Brian D. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 11128 N Whilton Rd

City Mequon State WI Zip Code 53097-3439

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

Name of Employer NML Occupation VP National Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-1034

Amount of Each Receipt this Period 25.00

Memo Item

B. Brian D. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 11128 N Whilton Rd

City Mequon State WI Zip Code 53097-3439

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

Name of Employer NML Occupation VP National Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-1032

Amount of Each Receipt this Period 25.00

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 ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-55

Amount of Each Receipt this Period 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 258.00

TOTAL This Period (last page this line 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 116 OF 127 |
| | <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 | <input type="checkbox"/> 17 |

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

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

Mailing Address 2423 Beretania Cir

City Charlotte State NC Zip Code 28211-3631

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-56

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 510 King Rd NW

City Atlanta State GA Zip Code 30342-4011

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
07 / 15 / 2016
Transaction ID : 2016071519749-32

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 510 King Rd NW

City Atlanta State GA Zip Code 30342-4011

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
07 / 31 / 2016
Transaction ID : 2016072919737-32

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.34

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 127 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Brian K. Yeazel
Full Name (Last, First, Middle Initial)

Mailing Address N110W5390 W Highland Dr

City Cedarburg State WI Zip Code 53012-3604

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-674

Amount of Each Receipt this Period 18.00

Memo Item

B. Brian K. Yeazel
Full Name (Last, First, Middle Initial)

Mailing Address N110W5390 W Highland Dr

City Cedarburg State WI Zip Code 53012-3604

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-673

Amount of Each Receipt this Period 18.00

Memo Item

C. 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 ▼ 1450.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-736

Amount of Each Receipt this Period 119.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00

TOTAL This Period (last page this line 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 118 OF 127 |
| | <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 | <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 **1450.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-735
 Amount of Each Receipt this Period **119.00**
 Memo Item

B. Catherine M. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **570.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-1043
 Amount of Each Receipt this Period **45.00**
 Memo Item

C. Catherine M. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **570.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072719755-1041
 Amount of Each Receipt this Period **45.00**
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 127 |
| | <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. 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 **1750.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071519749-49
Amount of Each Receipt this Period **125.00**
 Memo Item

B. T Scott Zach
Full Name (Last, First, Middle Initial)
Mailing Address 6630 Country Creek Ln
City Cedar Rapids State IA Zip Code 52403-7023
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : 2016072919737-50
Amount of Each Receipt this Period **125.00**
 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 **1882.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 2016071319748-759
Amount of Each Receipt this Period **161.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 411.00 |
| TOTAL This Period (last page this line 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 120 OF 127 |
| | <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. 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 ▼ 1882.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-758

Amount of Each Receipt this Period 161.00

Memo Item

B. Diana M. Zawada
Full Name (Last, First, Middle Initial)

Mailing Address N1 W31143 Wildwood T

City Delafield State WI Zip Code 53018

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

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-737

Amount of Each Receipt this Period 24.00

Memo Item

C. Diana M. Zawada
Full Name (Last, First, Middle Initial)

Mailing Address N1 W31143 Wildwood T

City Delafield State WI Zip Code 53018

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

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-736

Amount of Each Receipt this Period 24.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 209.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 127
(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. Rick T. Zehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 W Ravine Baye Rd
 City Bayside State WI Zip Code 53217-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 584.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-929
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Rick T. Zehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 W Ravine Baye Rd
 City Bayside State WI Zip Code 53217-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 584.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-927
 Amount of Each Receipt this Period 46.00
 Memo Item

C. 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 ▼ 1144.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071319748-962
 Amount of Each Receipt this Period 86.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 122 OF 127 |
| <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. 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 ▼ 1144.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072719755-960

Amount of Each Receipt this Period 86.00

Memo Item

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

Mailing Address 104 Wildwood Dr

City Avon State CT Zip Code 06001-4413

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 2016071519749-10

Amount of Each Receipt this Period 208.00

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 ▼ 2912.00

Date of Receipt 07 / 31 / 2016
Transaction ID : 2016072919737-10

Amount of Each Receipt this Period 208.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 502.00 |
| TOTAL This Period (last page this line number only)..... | 31499.98 |

**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 : F518D393BEDC69F6A6A

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. Austin Scott for Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
2016 General

011

Candidate Name

James Austin Scott

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2016

Transaction ID : 61119C396A30D0CA27B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2016 Primary

011

Candidate Name

Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2016

Transaction ID : E794AD772785E60D0C3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
2016 General

011

Candidate Name

Sean Patrick Duffy

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2016

Transaction ID : DBF37686FD87DFF3BEB

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 for Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Gregory Weldon Meeks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

/ /

Transaction ID : 52081BBB42813C87FA5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address Post Office Box 12567

City State Zip Code
Columbia SC 29211

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

/ /

Transaction ID : 0F3DA9C610D2DFE7D82

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702-1324

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Jason Thomas Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

/ /

Transaction ID : B8A13999F8604CD2347

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. Jobs, Economy and Budget Fund (JEB FUND)

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824-0844

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Jobs, Economy and Budget Fund (JEB FUND)

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2016

Transaction ID : 4BA8898B7589A39DEA8

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
2016 General

011

Candidate Name

Michael Dean Crapo

Category/
Type

Office Sought: House
 Senate
 President

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

State: ID District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2016

Transaction ID : 4C088E1FCDA2D9F26C3

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rand Paul for US Senate 2016

Mailing Address PO Box 72928

City State Zip Code
Newport KY 41072

Purpose of Disbursement
2016 General

011

Candidate Name

Rand Howard Paul

Category/
Type

Office Sought: House
 Senate
 President

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

State: KY District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : 1CBBE8BCAD93D2C01F1

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8000.00

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. Ryan Costello for Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ryan A. Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 05 / 2016

Transaction ID : 1B399ACAC3CA2550105

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Gregory Paul Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2016

Transaction ID : B0498D10DEF3B87AC90

Amount of Each Disbursement this Period

1000.00

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

20000.00