

**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="2014"/>	<input type="text" value="139753.89"/>	<input type="text" value="139753.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="84991.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32405.40"/>	<input type="text" value="161115.92"/>
(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="117396.89"/>	<input type="text" value="300869.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42734.47"/>	<input type="text" value="226207.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74662.42"/>	<input type="text" value="74662.42"/>
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).....	25803.66	145498.47
(ii) Unitemized	6101.72	15113.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31905.38	160611.90
(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)	31905.38	160611.90
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.....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.02	4.02
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))..... ▶	32405.40	161115.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32405.40	161115.92

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	234.47	1207.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	234.47	1207.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	220000.00
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	5000.00
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)) ..	42734.47	226207.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42734.47	226207.39

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)	31905.38	160611.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31905.38	160611.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	234.47	1207.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	234.47	1207.39

**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 106
	<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. 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-662

Amount of Each Receipt this Period
 220.00

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

Mailing Address 5413 Mount Corcoran PI

City Burke State VA Zip Code 22015-2188

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

Name of Employer NML Occupation VP Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-561

Amount of Each Receipt this Period
 55.00

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

Mailing Address 5413 Mount Corcoran PI

City Burke State VA Zip Code 22015-2188

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

Name of Employer NML Occupation VP Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-558

Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 132.00

TOTAL This Period (last page this line 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 106
(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. 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 Projects & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-971
 Amount of Each Receipt this Period
 360.00

B. 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 Projects & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-967
 Amount of Each Receipt this Period
 36.00

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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-34
 Amount of Each Receipt this Period
 125.00

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 8 OF 106
	<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. 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-34
 Amount of Each Receipt this Period
 125.00

B. J. Philip Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Belden Hill Rd
 City Wilton State CT Zip Code 06897-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-37
 Amount of Each Receipt this Period
 50.00

C. J. Philip Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Belden Hill Rd
 City Wilton State CT Zip Code 06897-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-37
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 106
(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. Beth M Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 N Murray Ave
 City Shorewood State WI Zip Code 53211-2011
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-558
 Amount of Each Receipt this Period
 340.00

B. Beth M Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 N Murray Ave
 City Shorewood State WI Zip Code 53211-2011
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-555
 Amount of Each Receipt this Period
 34.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-29
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 106
(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. Dwaan C. Black
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-29
 Amount of Each Receipt this Period
 42.00

Full Name (Last, First, Middle Initial)
B. Garrett J. Bleakley
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-9
 Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Garrett J. Bleakley
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-9
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Debra Blevons
Full Name (Last, First, Middle Initial)
Mailing Address 165 Pine Ct
City Appleton State WI Zip Code 54914-8222
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-67
Amount of Each Receipt this Period
100.00

B. Debra Blevons
Full Name (Last, First, Middle Initial)
Mailing Address 165 Pine Ct
City Appleton State WI Zip Code 54914-8222
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-67
Amount of Each Receipt this Period
100.00

C. Timothy John Bohannon
Full Name (Last, First, Middle Initial)
Mailing Address 8677 Alvarado Ct
City Inver Grove State MN Zip Code 55077-3121
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-11
Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 408.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 106
<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. 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 ▼
2080.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-11

Amount of Each Receipt this Period
208.00

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 Disability Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-829

Amount of Each Receipt this Period
76.00

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 Disability Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-826

Amount of Each Receipt this Period
76.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00

TOTAL This Period (last page this line 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 106
	<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. Mark C Boyle		Date of Receipt 05 / 15 / 2014 Transaction ID : 2014051319750-844
Mailing Address 720 E Wisconsin Ave		Amount of Each Receipt this Period 250.00
City Milwaukee	State WI Zip Code 53202-4703	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer NML	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark C Boyle		Date of Receipt 05 / 31 / 2014 Transaction ID : 2014052819749-841
Mailing Address 720 E Wisconsin Ave		Amount of Each Receipt this Period 250.00
City Milwaukee	State WI Zip Code 53202-4703	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer NML	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer L Brase		Date of Receipt 05 / 15 / 2014 Transaction ID : 2014051319750-865
Mailing Address 12877 N Cobblestone Ct		Amount of Each Receipt this Period 350.00
City Mequon	State WI Zip Code 53097-1812	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer NML	Occupation VP Div & Inclusion	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line 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 106
(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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-862
 Amount of Each Receipt this Period
 350.00

B. Michael T. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-27
 Amount of Each Receipt this Period
 208.00

C. Michael T. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-27
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 451.00
TOTAL This Period (last page this line 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 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Michael G Carter			Date of Receipt MM / DD / YYYY 05 / 15 / 2014 Transaction ID : 2014051319750-978		
Mailing Address 7322 N Mohawk Rd			Amount of Each Receipt this Period 208.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00				

Full Name (Last, First, Middle Initial) B. Michael G Carter			Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : 2014052819749-974		
Mailing Address 7322 N Mohawk Rd			Amount of Each Receipt this Period 208.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00				

Full Name (Last, First, Middle Initial) C. Greg Castronovo			Date of Receipt MM / DD / YYYY 05 / 15 / 2014 Transaction ID : 2014051519753-44		
Mailing Address 317 Evening Star Ln			Amount of Each Receipt this Period 42.00		
City Bozeman	State MT	Zip Code 59715-7738			
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed	Occupation General Insurance Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00				

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

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

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

FOR LINE NUMBER: PAGE 16 OF 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Greg Castronovo
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 Evening Star Ln
 City Bozeman State MT Zip Code 59715-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-44
 Amount of Each Receipt this Period
 420.00

B. 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-43
 Amount of Each Receipt this Period
 125.00

C. Scott G. Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 High Meadow Ln
 City Amherst State NH Zip Code 03031-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-43
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 106
	<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. Eric P Christophersen
Full Name (Last, First, Middle Initial)

Mailing Address N55W21701 Adamdale Dr

City Menomonee Falls State WI Zip Code 53051-6272

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-705

Amount of Each Receipt this Period
77.00

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

Mailing Address N55W21701 Adamdale Dr

City Menomonee Falls State WI Zip Code 53051-6272

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-702

Amount of Each Receipt this Period
77.00

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

Mailing Address 923 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-678

Amount of Each Receipt this Period
140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **294.00**

TOTAL This Period (last page this line 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 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. David D Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 923 E Kilbourn Ave
 City Milwaukee State WI Zip Code 53202-3493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp Real Estate
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-675
 Amount of Each Receipt this Period
 1400.00
 Aggregate Year-to-Date ▼
 1400.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-4
 Amount of Each Receipt this Period
 208.00
 Aggregate Year-to-Date ▼
 2080.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-4
 Amount of Each Receipt this Period
 208.00
 Aggregate Year-to-Date ▼
 2080.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 556.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 106
(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. Tait Cruse

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 ▼
 2080.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051519753-33

Amount of Each Receipt this Period
 208.00

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

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 ▼
 2080.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014053019748-33

Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
C. Brian R. Cunningham

Mailing Address 6251 S Billings Way

City Centennial State CO Zip Code 80111-6009

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051519753-24

Amount of Each Receipt this Period
 125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 106
	<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 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 ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014053019748-24

Amount of Each Receipt this Period
125.00

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

Mailing Address 7078 E Genesee St

City Fayetteville State NY Zip Code 13066-1123

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-30

Amount of Each Receipt this Period
208.00

C. 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 ▼ 2080.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014053019748-30

Amount of Each Receipt this Period
208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 106
	<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 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 ▼
2080.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-31

Amount of Each Receipt this Period
208.00

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 ▼
2080.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-31

Amount of Each Receipt this Period
208.00

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

Mailing Address N71W31034 Lower Club Cir W

City Hartland State WI Zip Code 53029-8716

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

Name of Employer NML
Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-632

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address N71W31034 Lower Club Cir W

City Hartland State WI Zip Code 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-629

Amount of Each Receipt this Period
500.00

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2080.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051519753-35

Amount of Each Receipt this Period
208.00

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2080.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014053019748-35

Amount of Each Receipt this Period
208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
	<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. 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 VP Investment Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-883

Amount of Each Receipt this Period
380.00

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 VP Investment Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-879

Amount of Each Receipt this Period
380.00

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

Mailing Address 4807 Timberwood Ct

City West 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 ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051519753-19

Amount of Each Receipt this Period
42.00

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: PAGE 24 OF 106
(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. Keith A. Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City State Zip Code
 West Des Moines IA 50265-5447
 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-19
 Amount of Each Receipt this Period
 42.00

B. John C. Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City State Zip Code
 Shaker Heights OH 44120-1754
 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 ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-18
 Amount of Each Receipt this Period
 125.00

c. John C. Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City State Zip Code
 Shaker Heights OH 44120-1754
 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 ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-18
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 106
	<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. Christina H Fiasca		Date of Receipt
Mailing Address 9230 N Fairway Dr		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bayside	WI	53217-1317
FEC ID number of contributing federal political committee.		Transaction ID : 2014051319750-914
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
NML	Pres Nmis & VP Prod Fin	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christina H Fiasca		Date of Receipt
Mailing Address 9230 N Fairway Dr		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bayside	WI	53217-1317
FEC ID number of contributing federal political committee.		Transaction ID : 2014052819749-910
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NML	Pres Nmis & VP Prod Fin	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lance P. Franczyk		Date of Receipt
Mailing Address 2224 E 24th St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tulsa	OK	74114-2912
FEC ID number of contributing federal political committee.		Transaction ID : 2014051519753-46
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Self-Employed	General Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 106
	<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. 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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
750.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-46

Amount of Each Receipt this Period
750.00

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

Mailing Address 3225 Somers Ln

City Port Washington State WI Zip Code 53074-9503

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

Name of Employer NML
Occupation Reg Sales Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-1063

Amount of Each Receipt this Period
220.00

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

Mailing Address 4 Windy Hill Ln

City Wayland State MA Zip Code 01778-2613

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

Name of Employer Self-Employed
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-17

Amount of Each Receipt this Period
1250.00

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 27 OF 106
	<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. 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 ▼
1250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-17

Amount of Each Receipt this Period
125.00

B. Chris K Gawart
Full Name (Last, First, Middle Initial)

Mailing Address 1610 N Prospect Ave

City Milwaukee State WI Zip Code 53202-2491

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-639

Amount of Each Receipt this Period
25.00

c. Chris K Gawart
Full Name (Last, First, Middle Initial)

Mailing Address 1610 N Prospect Ave

City Milwaukee State WI Zip Code 53202-2491

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-636

Amount of Each Receipt this Period
25.00

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 28 OF 106
	<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 VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-625

Amount of Each Receipt this Period
86.00

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 VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-622

Amount of Each Receipt this Period
86.00

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-15

Amount of Each Receipt this Period
208.00

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: PAGE 29 OF 106
(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. Mitchell B. Glover

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
 Ada MI 49301-8360

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-15

Amount of Each Receipt this Period
 208.00

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

Mailing Address 2485 W Fairy Chasm Rd # R

City State Zip Code
 River Hills WI 53217-1536

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

Name of Employer Occupation
 NML VP Comm & Corp Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-573

Amount of Each Receipt this Period
 86.00

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

Mailing Address 2485 W Fairy Chasm Rd # R

City State Zip Code
 River Hills WI 53217-1536

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

Name of Employer Occupation
 NML VP Comm & Corp Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-570

Amount of Each Receipt this Period
 86.00

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: PAGE 30 OF 106
(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. Patrick K. Gores

Mailing Address 2702 28th Ave S

City State Zip Code
 Fargo ND 58103-5045

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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-8

Amount of Each Receipt this Period
 420.00

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

Mailing Address 2702 28th Ave S

City State Zip Code
 Fargo ND 58103-5045

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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-8

Amount of Each Receipt this Period
 42.00

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

Mailing Address 4735 Wellington Dr

City State Zip Code
 Long Grove IL 60047-5223

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-28

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 106
	<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. Tom Goris Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2014 Transaction ID : 2014053019748-28
Mailing Address 4735 Wellington Dr		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Karl G Gouverneur		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014 Transaction ID : 2014051319750-1099
Mailing Address 12895 N Cobblestone Ct		Amount of Each Receipt this Period 67.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) C. Karl G Gouverneur		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2014 Transaction ID : 2014052819749-1095
Mailing Address 12895 N Cobblestone Ct		Amount of Each Receipt this Period 67.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional).....▶	284.00
TOTAL This Period (last page this line 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 106
	<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 State Zip Code
Fox Point WI 53217-2939

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

Name of Employer Occupation
NML Svp Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-1021

Amount of Each Receipt this Period
109.00

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

Mailing Address 7860 N Club Cir

City State Zip Code
Fox Point WI 53217-2939

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

Name of Employer Occupation
NML Svp Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-1017

Amount of Each Receipt this Period
109.00

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

Mailing Address 1022 Savonne Ct

City State Zip Code
Chesterfield MO 63005-4977

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.30

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-47

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 301.33

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 33 OF 106
	<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. Stephen Gross		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2014								
Mailing Address 1022 Savonne Ct		Transaction ID : 2014053019748-47										
City Chesterfield	State MO	Zip Code 63005-4977										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33										
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 ▼ 833.30											

Full Name (Last, First, Middle Initial) B. Thomas C Guay		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	15	/	2014								
Mailing Address W73N377 Mulberry Ave		Transaction ID : 2014051319750-647										
City Cedarburg	State WI	Zip Code 53012-2648										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00										
Name of Employer NML	Occupation VP Field Rewards											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00											

Full Name (Last, First, Middle Initial) c. Thomas C Guay		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2014								
Mailing Address W73N377 Mulberry Ave		Transaction ID : 2014052819749-644										
City Cedarburg	State WI	Zip Code 53012-2648										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00										
Name of Employer NML	Occupation VP Field Rewards											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00											

SUBTOTAL of Receipts This Page (optional).....▶	235.33
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 34 OF 106
	<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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-42
 Amount of Each Receipt this Period
 420.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-42
 Amount of Each Receipt this Period
 42.00

C. Kevin J. Hassan
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Montparnasse Pl
 City Newtown Sq State PA Zip Code 19073-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-16
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 804 Montparnasse Pl

City Newtown Sq State PA Zip Code 19073-2623

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-16

Amount of Each Receipt this Period
125.00

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

Mailing Address 49 W Walling Dr

City Creve Coeur State MO Zip Code 63141-7371

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-57

Amount of Each Receipt this Period
83.33

C. 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 ▼ 833.30

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-57

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.66

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 36 OF 106
	<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. Thomas R Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8690 N Spruce Rd
 City River Hills State WI Zip Code 53217-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Asst Dir Reg SIs Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-978
 Amount of Each Receipt this Period
 220.00

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 ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-41
 Amount of Each Receipt this Period
 208.00

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 ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-41
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 106
	<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. 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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-908

Amount of Each Receipt this Period
 850.00

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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-904

Amount of Each Receipt this Period
 85.00

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) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-50

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 106
(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. 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 ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-50
 Amount of Each Receipt this Period
 208.00

B. Brian J. Hubbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 E Westminster Ln
 City Spokane State WA Zip Code 99223-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-5
 Amount of Each Receipt this Period
 42.00

C. Brian J. Hubbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 E Westminster Ln
 City Spokane State WA Zip Code 99223-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-5
 Amount of Each Receipt this Period
 42.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 106
(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. Scott Iodice

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 ▼
 1250.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051519753-22

Amount of Each Receipt this Period
 125.00

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

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 ▼
 1250.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014053019748-22

Amount of Each Receipt this Period
 125.00

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

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 Director - Field Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-937

Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 106
(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. Nicholas E Jahnke

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 Director - Field Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-933

Amount of Each Receipt this Period
 260.00

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

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-525

Amount of Each Receipt this Period
 200.00

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

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-523

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 426.00

TOTAL This Period (last page this line 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 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code
Pewaukee WI 53072-1351

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

Name of Employer Occupation
NML VP & Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-798

Amount of Each Receipt this Period
61.00

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

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 VP & Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-795

Amount of Each Receipt this Period
61.00

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

Mailing Address 16 Vintage Walk

City State Zip Code
Montgomery OH 45249-2101

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 ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-62

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 247.00

TOTAL This Period (last page this line 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 106
	<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. Shawn F. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 16 Vintage Walk

City Montgomery State OH Zip Code 45249-2101

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-62

Amount of Each Receipt this Period
125.00

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

Mailing Address 5806 N Kent Ave

City Whitefish Bay State WI Zip Code 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-618

Amount of Each Receipt this Period
61.00

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

Mailing Address 5806 N Kent Ave

City Whitefish Bay State WI Zip Code 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-615

Amount of Each Receipt this Period
61.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 247.00

TOTAL This Period (last page this line 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 106
(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. Troy B. Kemelgor

Mailing Address 8930 Dunn Ct

City State Zip Code
 Dublin OH 43017-8880

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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-58

Amount of Each Receipt this Period
 42.00

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

Mailing Address 8930 Dunn Ct

City State Zip Code
 Dublin OH 43017-8880

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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-58

Amount of Each Receipt this Period
 42.00

Full Name (Last, First, Middle Initial)
C. David Daniel Kiecker

Mailing Address 11696 Approach Blvd

City State Zip Code
 Fishers IN 46037-4146

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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-66

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Daniel Kiecker
Full Name (Last, First, Middle Initial)

Mailing Address 11696 Approach Blvd

City Fishers State IN Zip Code 46037-4146

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-66

Amount of Each Receipt this Period
420.00

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

Mailing Address 4645 Swilcan Bridge Ln S

City Jacksonville State FL Zip Code 32224-5621

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-13

Amount of Each Receipt this Period
125.00

C. 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 ▼ 1250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-13

Amount of Each Receipt this Period
125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 106
	<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 L Kordsmeier
Full Name (Last, First, Middle Initial)

Mailing Address 2522 W Daphne Rd

City Glendale State WI Zip Code 53209-3300

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

Name of Employer NML Occupation VP Strat Phil & Comm Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-1049

Amount of Each Receipt this Period
 930.00

B. John L Kordsmeier
Full Name (Last, First, Middle Initial)

Mailing Address 2522 W Daphne Rd

City Glendale State WI Zip Code 53209-3300

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

Name of Employer NML Occupation VP Strat Phil & Comm Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-1045

Amount of Each Receipt this Period
 93.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-7

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 106
(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. 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-7
 Amount of Each Receipt this Period
 420.00

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-979
 Amount of Each Receipt this Period
 34.00

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-975
 Amount of Each Receipt this Period
 34.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd 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 Lp Dev

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
 05 / 31 / 2014
Transaction ID : 2014052819749-886

Amount of Each Receipt this Period
 210.00

B. M. Kevin Lawhon
Full Name (Last, First, Middle Initial)

Mailing Address 6952 Burnt Sienna Cir

City Naples State FL Zip Code 34109-7826

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-53

Amount of Each Receipt this Period
 83.33

C. M. Kevin Lawhon
Full Name (Last, First, Middle Initial)

Mailing Address 6952 Burnt Sienna Cir

City Naples State FL Zip Code 34109-7826

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-53

Amount of Each Receipt this Period
 83.33

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 48 OF 106
	<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. 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 ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-12

Amount of Each Receipt this Period
42.00

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 ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014053019748-12

Amount of Each Receipt this Period
42.00

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

Mailing Address 929 N Astor St
Unit 507

City State Zip Code
Milwaukee WI 53202-3482

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 ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-65

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 106
	<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 929 N Astor St
 Unit 507
 City Milwaukee State WI Zip Code 53202-3482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-65
 Amount of Each Receipt this Period
 420.00

B. 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 ▼ 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-901
 Amount of Each Receipt this Period
 168.00

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 ▼ 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-897
 Amount of Each Receipt this Period
 168.00

SUBTOTAL of Receipts This Page (optional).....▶	378.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 106
	<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. 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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051519753-61

Amount of Each Receipt this Period
420.00

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 2014053019748-61

Amount of Each Receipt this Period
42.00

C. Raymond J Manista
Full Name (Last, First, Middle Initial)
Mailing Address 7236 N Crossway Rd

City Fox Point	State WI	Zip Code 53217-3519
-------------------	-------------	------------------------

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

Name of Employer NML	Occupation Svp Gen Cnsl & Sec
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051319750-569

Amount of Each Receipt this Period
208.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 106
(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. Raymond J Manista
 Full Name (Last, First, Middle Initial)
 Mailing Address 7236 N Crossway Rd
 City State Zip Code
 Fox Point WI 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Svp Gen Cnsl & Sec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-566
 Amount of Each Receipt this Period
 208.00

B. Steven C Mannebach
 Full Name (Last, First, Middle Initial)
 Mailing Address 7818 Rogers Ave
 City State Zip Code
 Wauwatosa WI 53213-1761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Field Growth & Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-684
 Amount of Each Receipt this Period
 50.00

C. Steven C Mannebach
 Full Name (Last, First, Middle Initial)
 Mailing Address 7818 Rogers Ave
 City State Zip Code
 Wauwatosa WI 53213-1761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Field Growth & Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-681
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 106
(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. 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 ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-3
 Amount of Each Receipt this Period
 208.00

B. David C. Mc Avoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountview Rd
 City Wellesley State MA Zip Code 02481-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-3
 Amount of Each Receipt this Period
 208.00

C. Roger M. Mc Queen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 E Twin Creek Rd
 City Salt Lake Cty State UT Zip Code 84108-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TMG Agency LLC
 Occupation Special Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-2
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 491.00
TOTAL This Period (last page this line 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 106
	<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. Roger M. Mc Queen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 E Twin Creek Rd
 City Salt Lake Cty State UT Zip Code 84108-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TMG Agency LLC Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-2
 Amount of Each Receipt this Period
 750.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-64
 Amount of Each Receipt this Period
 42.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-64
 Amount of Each Receipt this Period
 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 106
	<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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-603

Amount of Each Receipt this Period
 340.00

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-600

Amount of Each Receipt this Period
 34.00

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

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-6

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00

TOTAL This Period (last page this line 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 106
	<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 W. McTigue
Full Name (Last, First, Middle Initial)

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-6

Amount of Each Receipt this Period
208.00

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

Mailing Address 2460 Lennox Dr

City Germantown State TN Zip Code 38138-4925

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-21

Amount of Each Receipt this Period
62.50

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

Mailing Address 2460 Lennox Dr

City Germantown State TN Zip Code 38138-4925

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-21

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.00

TOTAL This Period (last page this line 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 106
	<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. Joseph F. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Long Acres Ln
 City Oviedo State FL Zip Code 32765-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-10
 Amount of Each Receipt this Period
 50.00

B. Joseph F. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Long Acres Ln
 City Oviedo State FL Zip Code 32765-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-10
 Amount of Each Receipt this Period
 50.00

C. Ben Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 11315 E Winchcomb Dr
 City Scottsdale State AZ Zip Code 85255-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-56
 Amount of Each Receipt this Period
 125.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 106
(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. 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 ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-56
 Amount of Each Receipt this Period
 125.00

B. Kevin E. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Schenley Rd
 City State Zip Code
 Pittsburgh PA 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-40
 Amount of Each Receipt this Period
 208.00

C. Kevin E. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Schenley Rd
 City State Zip Code
 Pittsburgh PA 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-40
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 106
	<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. Christian Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 640 E Carlisle Ave
City Whitefish Bay State WI Zip Code 53217-4832
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 ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-629
Amount of Each Receipt this Period
50.00

B. Christian Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 640 E Carlisle Ave
City Whitefish Bay State WI Zip Code 53217-4832
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 ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-626
Amount of Each Receipt this Period
50.00

C. William H Norton
Full Name (Last, First, Middle Initial)
Mailing Address 10145 Wavell Rd
City Fairfax State VA Zip Code 22032-2337
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Regional Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-533
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 106
	<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. William H Norton
 Full Name (Last, First, Middle Initial)
 Mailing Address 10145 Wavell Rd
 City State Zip Code
 Fairfax VA 22032-2337
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-531
 Amount of Each Receipt this Period
 50.00

B. Daniel J O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address W70N385 Foxpointe Ave
 City State Zip Code
 Cedarburg WI 53012-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Agency Dev & Prgms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-715
 Amount of Each Receipt this Period
 26.00

C. Daniel J O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address W70N385 Foxpointe Ave
 City State Zip Code
 Cedarburg WI 53012-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Agency Dev & Prgms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-712
 Amount of Each Receipt this Period
 26.00

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 60 OF 106
(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. Gregory C Oberland

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
 Whitefish Bay WI 53211-1147

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

Name of Employer Occupation
 NML EVP Prod, Sales and Mrkting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-591

Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
B. Gregory C Oberland

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
 Whitefish Bay WI 53211-1147

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

Name of Employer Occupation
 NML EVP Prod, Sales and Mrkting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-588

Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
C. Eric S. Olson

Mailing Address 127 Fairmount Rd

City State Zip Code
 Ridgewood NJ 07450-1422

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-45

Amount of Each Receipt this Period
 104.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00

TOTAL This Period (last page this line 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 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Eric S. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Fairmount Rd
 City State Zip Code
 Ridgewood NJ 07450-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-45
 Amount of Each Receipt this Period
 104.00

B. Christen L Partleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4832 N Shoreland Ave
 City State Zip Code
 Whitefish Bay WI 53217-5821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Facility Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-851
 Amount of Each Receipt this Period
 35.00

C. Christen L Partleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4832 N Shoreland Ave
 City State Zip Code
 Whitefish Bay WI 53217-5821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Facility Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-848
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 106
	<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. Brian G. Petrandio
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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
420.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-25

Amount of Each Receipt this Period
420.00

B. Brian G. Petrandio
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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
420.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-25

Amount of Each Receipt this Period
42.00

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-49

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 209.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-49
 Amount of Each Receipt this Period
 125.00

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 Leadership Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-965
 Amount of Each Receipt this Period
 30.00

C. 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 Leadership Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-961
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 106
(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. Charles R. Pruett

Mailing Address 900 20th Ave S
 Apt 1414

City Nashville State TN Zip Code 37212-2247

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051519753-51

Amount of Each Receipt this Period
 208.00

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

Mailing Address 900 20th Ave S
 Apt 1414

City Nashville State TN Zip Code 37212-2247

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014053019748-51

Amount of Each Receipt this Period
 208.00

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

Mailing Address 9600 N Crestwood Ct

City Mequon State WI Zip Code 53092-5355

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 ▼
 530.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-813

Amount of Each Receipt this Period
 53.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 469.00

TOTAL This Period (last page this line 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 106
	<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 M Radke
Full Name (Last, First, Middle Initial)

Mailing Address 9600 N Crestwood Ct

City Mequon State WI Zip Code 53092-5355

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 ▼ **530.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-810

Amount of Each Receipt this Period
530.00

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 ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051519753-63

Amount of Each Receipt this Period
125.00

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

Mailing Address 7 Williamsburg Ln

City Houston State TX Zip Code 77024-5144

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014053019748-63

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **303.00**

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

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

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

FOR LINE NUMBER: PAGE 66 OF 106
(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. David R Remstad

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 ▼
 910.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-745

Amount of Each Receipt this Period
 910.00

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

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 ▼
 910.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014052819749-742

Amount of Each Receipt this Period
 91.00

Full Name (Last, First, Middle Initial)
C. Daniel A Riedl

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 ▼
 250.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-673

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 106
(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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-670
 Amount of Each Receipt this Period
 250.00

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 ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-23
 Amount of Each Receipt this Period
 208.00

C. J. Daniel Rivers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 River Ridge Cv
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-23
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 441.00
TOTAL This Period (last page this line 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 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Bethany M Rodenhuis		Date of Receipt
Mailing Address 3900 N Lake Dr		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
City Shorewood State WI Zip Code 53211-2448		Transaction ID : 2014051319750-631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NML Occupation Svp Field Strat & Serv		990.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		990.00

Full Name (Last, First, Middle Initial) B. Bethany M Rodenhuis		Date of Receipt
Mailing Address 3900 N Lake Dr		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2014
City Shorewood State WI Zip Code 53211-2448		Transaction ID : 2014052819749-628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NML Occupation Svp Field Strat & Serv		990.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		990.00

Full Name (Last, First, Middle Initial) C. Tammy M Roou		Date of Receipt
Mailing Address N99W14710 Amber Dr		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
City Germantown State WI Zip Code 53022-6611		Transaction ID : 2014051319750-805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NML Occupation VP - Era		55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		550.00

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: PAGE 69 OF 106
(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. Tammy M Rouo
 Full Name (Last, First, Middle Initial)
 Mailing Address N99W14710 Amber Dr
 City State Zip Code
 Germantown WI 53022-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP - Era
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-802
 Amount of Each Receipt this Period
 55.00

B. Matt Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Deep Valley Rd
 City State Zip Code
 New Canaan CT 06840-2804
 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 ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-55
 Amount of Each Receipt this Period
 208.00

C. Matt Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Deep Valley Rd
 City State Zip Code
 New Canaan CT 06840-2804
 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 ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-55
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 106
	<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 G Ruys
Full Name (Last, First, Middle Initial)

Mailing Address 2336 N 90th St

City Wauwatosa State WI Zip Code 53226-1829

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

Name of Employer NML Occupation App Dev Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-807

Amount of Each Receipt this Period
 220.00

B. 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 ▼ 1041.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-36

Amount of Each Receipt this Period
 104.17

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 ▼ 1041.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-36

Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.34

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 71 OF 106
	<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. Joseph M. Savino
Full Name (Last, First, Middle Initial)

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-1

Amount of Each Receipt this Period
208.00

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

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-1

Amount of Each Receipt this Period
208.00

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

Mailing Address 1013 E Lexington Blvd

City Whitefish Bay State WI Zip Code 53217-5381

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

Name of Employer NML Occupation EVP Ent Ops & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-850

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 526.00

TOTAL This Period (last page this line 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 106
	<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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-847
 Amount of Each Receipt this Period
 1100.00

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 Exp Mgmt
 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
 05 / 31 / 2014
Transaction ID : 2014052819749-1032
 Amount of Each Receipt this Period
 210.00

C. John E Schlifske
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Greenway Ter
 City State Zip Code
 Elm Grove WI 53122-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Chairman, CEO & Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-761
 Amount of Each Receipt this Period
 2080.00

SUBTOTAL of Receipts This Page (optional).....▶	339.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 73 OF 106
(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. John E Schlifske
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Greenway Ter
 City Elm Grove State WI Zip Code 53122-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Chairman, CEO & Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-758
 Amount of Each Receipt this Period
 208.00

B. Kathleen H Schluter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5057 N Palisades Rd
 City Whitefish Bay State WI Zip Code 53217-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-762
 Amount of Each Receipt this Period
 34.00

C. Kathleen H Schluter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5057 N Palisades Rd
 City Whitefish Bay State WI Zip Code 53217-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-759
 Amount of Each Receipt this Period
 34.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00
TOTAL This Period (last page this line 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 74 OF 106
	<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. 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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-786

Amount of Each Receipt this Period
850.00

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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-783

Amount of Each Receipt this Period
85.00

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-529

Amount of Each Receipt this Period
36.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **206.00**

TOTAL This Period (last page this line 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 106
	<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 ▼ 360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-527
Amount of Each Receipt this Period
360.00

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 ▼ 270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-756
Amount of Each Receipt this Period
27.00

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 ▼ 270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-753
Amount of Each Receipt this Period
27.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd M Schoon
Full Name (Last, First, Middle Initial)
Mailing Address 9400 N Valley Hill Rd
R
City River Hills State WI Zip Code 53217-1037
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Agencies
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-1075
Amount of Each Receipt this Period
208.00

B. Todd M Schoon
Full Name (Last, First, Middle Initial)
Mailing Address 9400 N Valley Hill Rd
R
City River Hills State WI Zip Code 53217-1037
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Agencies
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014052819749-1071
Amount of Each Receipt this Period
208.00

C. Robert Seery
Full Name (Last, First, Middle Initial)
Mailing Address 49 Green Ave
City Rye State NY Zip Code 10580-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-26
Amount of Each Receipt this Period
125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 106
	<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 Seery
Full Name (Last, First, Middle Initial)

Mailing Address 49 Green Ave

City Rye State NY Zip Code 10580-3141

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-26

Amount of Each Receipt this Period
125.00

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

Mailing Address 920 Pine Needle Trl

City Oakland Twp State MI Zip Code 48306-1034

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051519753-39

Amount of Each Receipt this Period
208.00

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

Mailing Address 920 Pine Needle Trl

City Oakland Twp State MI Zip Code 48306-1034

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014053019748-39

Amount of Each Receipt this Period
208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 106
	<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 ▼
700.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-1064

Amount of Each Receipt this Period
70.00

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 ▼
700.00

Date of Receipt
05 / 31 / 2014
Transaction ID : 2014052819749-1060

Amount of Each Receipt this Period
70.00

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

Mailing Address W69N463 Foxpointe Ave
A

City Cedarburg State WI Zip Code 53012-2231

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

Name of Employer NML Occupation VP Uw Standards

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
05 / 15 / 2014
Transaction ID : 2014051319750-876

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 106
(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. Paul W Skalecki

Mailing Address W69N463 Foxpointe Ave
 # A

City Cedarburg State WI Zip Code 53012-2231

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

Name of Employer NML Occupation VP Uw Standards

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014052819749-872

Amount of Each Receipt this Period
 390.00

Full Name (Last, First, Middle Initial)
B. Steve P Sperka

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 Ltc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-790

Amount of Each Receipt this Period
 65.00

Full Name (Last, First, Middle Initial)
C. Steve P Sperka

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 Ltc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014052819749-877

Amount of Each Receipt this Period
 65.00

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 80 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10502 N Stone Creek Dr

City Mequon State WI Zip Code 53092-5463

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

Name of Employer NML Occupation VP Agency Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-531

Amount of Each Receipt this Period
 250.00

B. Paul J Steffen
Full Name (Last, First, Middle Initial)

Mailing Address 10502 N Stone Creek Dr

City Mequon State WI Zip Code 53092-5463

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

Name of Employer NML Occupation VP Agency Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-529

Amount of Each Receipt this Period
 25.00

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

Mailing Address 6311 N Lake Dr

City Whitefish Bay State WI Zip Code 53217-4343

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

Name of Employer NML Occupation VP Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-877

Amount of Each Receipt this Period
 37.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 106
(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. David G Stoeffel

Mailing Address 6311 N Lake Dr

City State Zip Code
 Whitefish Bay WI 53217-4343

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

Name of Employer Occupation
 NML VP Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-873

Amount of Each Receipt this Period
 370.00

Full Name (Last, First, Middle Initial)
B. Stephen R Stone

Mailing Address N58W24851 Cardinal Ct

City State Zip Code
 Sussex WI 53089-5024

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

Name of Employer Occupation
 NML Erm Director

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
 05 / 31 / 2014
Transaction ID : 2014052819749-674

Amount of Each Receipt this Period
 21.00

Full Name (Last, First, Middle Initial)
C. Richard A Strait

Mailing Address 9086 N Tennyson Dr

City State Zip Code
 Bayside WI 53217-1967

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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-1058

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00

TOTAL This Period (last page this line 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 106
	<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. Peter F. Striano III
Full Name (Last, First, Middle Initial)

Mailing Address 11050 NW 78th PI

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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051519753-52

Amount of Each Receipt this Period
125.00

B. Peter F. Striano III
Full Name (Last, First, Middle Initial)

Mailing Address 11050 NW 78th PI

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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 2014053019748-52

Amount of Each Receipt this Period
125.00

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 Di Benefits
-------------------------	------------------------------

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
05	/	31	/	2014

Transaction ID : 2014052819749-1074

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional).....▶	271.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 106
(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. Brenda J Stugelmeyer

Mailing Address 8994 S Blackbird Trl

City State Zip Code
 Franklin WI 53132-8588

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

Name of Employer Occupation
 NML VP & Real Estate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-881

Amount of Each Receipt this Period
 330.00

Full Name (Last, First, Middle Initial)
B. Brenda J Stugelmeyer

Mailing Address 8994 S Blackbird Trl

City State Zip Code
 Franklin WI 53132-8588

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

Name of Employer Occupation
 NML VP & Real Estate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : 2014052819749-877

Amount of Each Receipt this Period
 33.00

Full Name (Last, First, Middle Initial)
C. Christopher P Swain

Mailing Address 10927 N Wyngate Trce

City State Zip Code
 Mequon WI 53092-5862

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

Name of Employer Occupation
 NML VP Msa Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 05 / 15 / 2014
Transaction ID : 2014051319750-825

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 106
(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. 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 Msa Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2014
Transaction ID : 2014052819749-822
 Amount of Each Receipt this Period 350.00

B. Rachel L Taknint
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 E Newberry Blvd
 City Milwaukee State WI Zip Code 53211-3427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation IS Spec Proj Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 2014051319750-818
 Amount of Each Receipt this Period 30.00

C. Rachel L Taknint
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 E Newberry Blvd
 City Milwaukee State WI Zip Code 53211-3427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation IS Spec Proj Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2014
Transaction ID : 2014052819749-815
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line 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 106
	<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. 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-20
 Amount of Each Receipt this Period
 125.00

B. Michael F. Tews
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 S 249th Cir
 City Waterloo State NE Zip Code 68069-4432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-20
 Amount of Each Receipt this Period
 125.00

C. Scott P. Theodore
 Full Name (Last, First, Middle Initial)
 Mailing Address 12505 Ventana Mesa Cir
 City Castle Pines State CO Zip Code 80108-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-32
 Amount of Each Receipt this Period
 208.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 106
(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. Scott P. Theodore

Mailing Address 12505 Ventana Mesa Cir

City State Zip Code
 Castle Pines CO 80108-9148

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 ▼
 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-32

Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
B. Michael S Treptow

Mailing Address 7840 N Pheasant Ln

City State Zip Code
 River Hills WI 53217-3016

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

Name of Employer Occupation
 NML Dir Inv Per Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-897

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Michael S Treptow

Mailing Address 7840 N Pheasant Ln

City State Zip Code
 River Hills WI 53217-3016

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

Name of Employer Occupation
 NML Dir Inv Per Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-893

Amount of Each Receipt this Period
 25.00

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: PAGE 87 OF 106
(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 ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051519753-60

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
B. 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 ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014053019748-60

Amount of Each Receipt this Period
62.50

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 Senior Actuary

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
05 / 31 / 2014

Transaction ID : 2014052819749-606

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **146.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 106
<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. Leo C. Tucker
Full Name (Last, First, Middle Initial)
Mailing Address 605 Potomac River Rd
City Mc Lean State VA Zip Code 22102-1402
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-48
Amount of Each Receipt this Period
125.00

B. Leo C. Tucker
Full Name (Last, First, Middle Initial)
Mailing Address 605 Potomac River Rd
City Mc Lean State VA Zip Code 22102-1402
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014053019748-48
Amount of Each Receipt this Period
125.00

C. P. Andrew Ware
Full Name (Last, First, Middle Initial)
Mailing Address 7900 N Berwyn Ave
City Glendale State WI Zip Code 53209-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Corporate Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051319750-513
Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 89 OF 106
(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. P. Andrew Ware
 Full Name (Last, First, Middle Initial)
 Mailing Address 7900 N Berwyn Ave
 City Glendale State WI Zip Code 53209-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Corporate Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-511
 Amount of Each Receipt this Period
 400.00

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-1046
 Amount of Each Receipt this Period
 50.00

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-1042
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
TOTAL This Period (last page this line 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 106
	<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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051319750-579

Amount of Each Receipt this Period
 310.00

B. 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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-576

Amount of Each Receipt this Period
 31.00

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

Mailing Address 2423 Beretania Cir

City Charlotte State NC Zip Code 28211-3631

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-59

Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.67

TOTAL This Period (last page this line 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 106
<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. 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 ▼
1666.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 2014053019748-59

Amount of Each Receipt this Period
166.67

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051519753-38

Amount of Each Receipt this Period
100.00

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 2014053019748-38

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	366.67
TOTAL This Period (last page this line 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 92 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Conrad C York
Full Name (Last, First, Middle Initial)

Mailing Address 1313 N Franklin Pl

City Milwaukee State WI Zip Code 53202-2980

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 ▼ 970.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 2014051319750-766

Amount of Each Receipt this Period 97.00

B. Conrad C York
Full Name (Last, First, Middle Initial)

Mailing Address 1313 N Franklin Pl

City Milwaukee State WI Zip Code 53202-2980

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 ▼ 970.00

Date of Receipt 05 / 31 / 2014
Transaction ID : 2014052819749-763

Amount of Each Receipt this Period 97.00

C. Catherine M Young
Full Name (Last, First, Middle Initial)

Mailing Address 929 N Astor St

City Milwaukee State WI Zip Code 53202-7000

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 ▼ 300.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 2014051319750-1090

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 106
	<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. Catherine M Young
Full Name (Last, First, Middle Initial)

Mailing Address 929 N Astor St

City Milwaukee State WI Zip Code 53202-7000

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014052819749-1086

Amount of Each Receipt this Period
 300.00

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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 2014051519753-54

Amount of Each Receipt this Period
 125.00

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

Mailing Address 6630 Country Creek Ln

City Cedar Rapids State IA Zip Code 52403-7023

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 2014053019748-54

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 106
	<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. 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 Managing Director
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051319750-792

Amount of Each Receipt this Period
50.00

B. Thomas D Zale
Full Name (Last, First, Middle Initial)
Mailing Address 2818 E Menlo Blvd

City Shorewood	State WI	Zip Code 53211-2652
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 2014052819749-789

Amount of Each Receipt this Period
50.00

C. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 2014051319750-980

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line 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 106
(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. Rick T Zehner

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-976

Amount of Each Receipt this Period
350.00

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

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 ▼ **820.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 2014051319750-1009

Amount of Each Receipt this Period
82.00

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

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 ▼ **820.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : 2014052819749-1005

Amount of Each Receipt this Period
82.00

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

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

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

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

FOR LINE NUMBER: PAGE 96 OF 106
(check only one)

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

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

A. 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 ▼ 2080.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : 2014051519753-14
Amount of Each Receipt this Period
208.00

B. Jeffrey Zuzolo
Full Name (Last, First, Middle Initial)
Mailing Address 104 Wildwood Dr
City Avon State CT Zip Code 06001-4413
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : 2014053019748-14
Amount of Each Receipt this Period
208.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	416.00
TOTAL This Period (last page this line number only).....▶	25803.66

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

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

FOR LINE NUMBER: PAGE 97 OF 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

FEC ID number of contributing federal political committee. **C** C00472878

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : 7B98B2EF05D465FBA9A

Amount of Each Receipt this Period
 500.00

Refund of 7/26/12 Disbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. US Bank

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Service Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : DB1D4DB4E7A61BBEB65

Amount of Each Disbursement this Period

234.47

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

234.47

234.47

**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. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 7F279A73071A3997CD1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2014 General

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : 821C58B468E46FF5FDD

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : 890F2F471F39B73C425

Amount of Each Disbursement this Period

2000.00

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

6000.00

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. BADGERPAC

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

BADGERPAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : 5E65005B1061674572A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Beatty for Congress

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Joyce Beatty

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 38284BB6E769C5B6D65

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : A88540DA0CC87D01076

Amount of Each Disbursement this Period

1000.00

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

8500.00

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. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael Everett Capuano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

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

Transaction ID : 1764F4A3BD2FDD3990F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

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

Transaction ID : 439A851D79C3C174786

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
2014 General

011

Candidate Name

Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

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

Transaction ID : DABE7546F6FC9DF472D

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 E Main Street
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Every Republican Is Crucial (ERICPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 5E08BC6133FDA7617C7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Michael G. Fitzpatrick

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 0DAE471CADE676316A6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

David G. Reichert

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : CFC52BA8F543C545165

Amount of Each Disbursement this Period

1000.00

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. Friends of Dennis Ross

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Dennis A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : CEFDB86568D12BAF157

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2014 General

011

Candidate Name

Richard J. Durbin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

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

Transaction ID : 6BE3FBBE86E2545CFFC

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2014 General

011

Candidate Name

Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

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

Transaction ID : 626C6221E70C8EB0221

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Roy D. Blunt

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : A2D6DDA26F9BAC5D025

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Sherrod Brown

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 3607788323081A43056

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2018 Convention

011
Category/
Type

Candidate Name
Orrin G. Hatch

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 025EB4074E8AB01B365

Amount of Each Disbursement this Period

1000.00

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

6000.00

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. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement
2014 General

011

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : 004662F62AAEECF8165

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pat Roberts for U.S. Senate, Inc.

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
2014 Primary

011

Candidate Name

Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 8B7466CAADE1152A70D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2014 General

011

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 5A3753BC99A0F55CE48

Amount of Each Disbursement this Period

2500.00

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

4500.00

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