FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruc				
		(See mstruc	110113)			Office use only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: over the li	If typying, type nes	12FE4M5	
The Northwes	stern Mutual	Life Insurance Con	npany Federal	Political Action	n 	
ADDRESS (number and	d street)	720 E Wisconsin A	ve			
(Check if add	Iress					
is changed)		Milwaukee		шш	<u>WI</u>	53202
			CITY▲		STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA						
lorettamieko	ay@nortnw	esternmutual.com				
<u> </u>						
COMMITTEE'S WEE	B PAGE ADDRI	ESS (URL)				•
None 						
	1111	111111	<u> </u>	11111	1111	
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
3. FEC IDENTIFICATION NUMBER C C00197095						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete						
Type or Print Name of TreasurerLoretta Mlekoday						
Type of Time Name o	rreasurer					
Signature of Treasurer Electronically Filed by Loretta Mlekoday Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS						
Office Use Only			Fede Toll I	urther information of ral Election Commisseree 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, oublican,etc.) Party. and or party
3. 	Name of Any Connected Organization or Affiliated Committee The Northwestern Mutual Life Insurance Company	
L	700 F WE	
	Mailing Address 720 E Wisconsin Ave	
	Milwaukee WI 532	202 _ []
	CITY▲ STATE▲ Z	ZIP CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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٧	Vrite or Type Committee	Mutual Life Insurance Company Federal Political Action Committee I Identify by name, address, (phone number optional), and position of the person in nittee books and records. T20 E Wisconsin Ave Milwaukee Milwauke		
		<u> </u>		
7.		ds: Identify by name, address, (phone number number number) and records.	er optional), and position of t	ne person in
	Full Name	Loretta Mlekoday		
	Mailing Address	720 E Wisconsin Ave		
		Milwaukee		53202 _
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Tre	asurer		
8.	name and address	s of any designated agent (e.g., assistant treas		ittee; and the
	of Treasurer	·		
		Milwaukee		53202
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Tre	asurer	Telephone number 414	665 3385
	Full Name of Designated Agent	Cindy Haas		
	Mailing Address	720 E Wisconsin Ave		
		Milwaukee		53202
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

414

Telephone number

665

4408

Assistant Treasurer

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9.	Banks or Other Depositor safety deposit boxes or main	intains funds.	s, rents
	Name of Bank, Depository,	, etc.	
	US	Bank	
	Mailing Address	777 E.Wisconsin Ave.	
		Milwaukee WI 5320	2
		CITY A STATE A ZIP	CODE A

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Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository,	intains funds.	the committee deposits funds,	holds accounts, rents
, , , , . , . , . ,			
Mailing Address			
	CITY 🛆	STATE <u></u>	ZIP CODE 🛆
Name of Any Connected	l Organization or Affiliated Committee		[ADDITIONAL]
Duggell Investment C	Cyalin Fadaval Political Action Committee		-
Russell Investment o	Group Federal Political Action Committee		
Mailing Address	909 A St		
Ü			
	Tacoma	, , , WA	98402 _
	[judosļu]		
	CITYA	STATE ▲	ZIP CODE A
Affi	liated Committee		
Relationship AIII			
Type of Connected Organ	ization:		
Corporation	Corporation w/o Capital	Stock Labo	or Organization
Membership Org	anization Trade Association	Coor	perative

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ♥	CITY A	
		elephone number