

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

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

FOR LINE NUMBER: PAGE 21 OF 463

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barbi, Leslie, , ,

Mailing Address 6620 N Lake Dr

City  
Fox Point

State  
WI

Zip Code  
53217-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NML

Occupation (for Individual)  
Svp - Public Investments

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  
02 / 15 / 2019

Transaction ID : 00FF0C272C224FD08FFB

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barbi, Leslie, , ,

Mailing Address 6620 N Lake Dr

City  
Fox Point

State  
WI

Zip Code  
53217-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NML

Occupation (for Individual)  
Svp - Public Investments

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  
02 / 28 / 2019

Transaction ID : 2019022716374-426

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barbi, Leslie, , ,

Mailing Address 6620 N Lake Dr

City  
Fox Point

State  
WI

Zip Code  
53217-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NML

Occupation (for Individual)  
Svp - Public Investments

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  
03 / 15 / 2019

Transaction ID : 2019031515375-424

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

624.00

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