

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

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

FOR LINE NUMBER: PAGE 49 OF 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Political Action Committee

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

A. Lopes, John, , ,

Mailing Address 450 W 17th St
Apt 427

City
New York

State
NY

Zip Code
10011-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Product Expansion - E&S Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : EMP201904041656

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Lopes, John, , ,

Mailing Address 450 W 17th St
Apt 427

City
New York

State
NY

Zip Code
10011-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Product Expansion - E&S Special

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : EMP201904181641

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Lore, Peter, D, ,

Mailing Address 9460 Brock Rd

City
Plain City

State
OH

Zip Code
43064-9330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

AVP, Quality Audit - P&C

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : EMP20190404459

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

235.00