

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

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

FOR LINE NUMBER: PAGE 8 OF 35

(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 Financial & Investments Political Action Committee

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

A. Berven, Mark, A, ,

Mailing Address 9434 Tartan Ridge Blvd

City
Dublin

State
OH

Zip Code
43017-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Pres & COO, NW Prop & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : EMP20190215776

Amount of Each Receipt this Period

92.30

☐ Memo Item

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

B. Boyd, Michael, , ,

Mailing Address 82 Park Front Ct

City
Columbus

State
OH

Zip Code
43215-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : EMP201902012146

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Boyd, Michael, , ,

Mailing Address 82 Park Front Ct

City
Columbus

State
OH

Zip Code
43215-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : EMP201902152138

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

292.30

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