

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

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

FOR LINE NUMBER: PAGE 234 OF 256

(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. Weber, Todd, A, ,

Mailing Address 1035 S Deer Rd

City

West Des Moines

State

IA

Zip Code

50266-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Dir, Business Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : EMP201911141182

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. West, Valerie, E, ,

Mailing Address 1673 Heyford Cir NW

City

Kennesaw

State

GA

Zip Code

30152-7632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Tech Mgr, MD PRN Vendor Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : EMP2019103147

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. West, Valerie, E, ,

Mailing Address 1673 Heyford Cir NW

City

Kennesaw

State

GA

Zip Code

30152-7632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Tech Mgr, MD PRN Vendor Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : EMP2019111447

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00