

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

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

FOR LINE NUMBER: PAGE 18 OF 55

(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. Deutchki, Frank, Michael, ,**

Mailing Address 365 Farmeadow Dr

City  
Westerville

State  
OH

Zip Code  
43082-8895

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

AVP, Compliance Mutual Funds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : EMP20200416878**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Devine, Kevin, , ,**

Mailing Address 1911 Edgemont Rd

City  
Upper Arlington

State  
OH

Zip Code  
43212-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, Private Sect RP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : EMP20200416841**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Diem, Klaus, K, ,**

Mailing Address 3419 McCammon Chase Dr

City  
Lewis Center

State  
OH

Zip Code  
43035-7247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : EMP202004161140**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00