

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

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

FOR LINE NUMBER: PAGE 22 OF 113

(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. Carter, John, L., ,**

Mailing Address 12 Edge of Woods

City  
New Albany

State  
OH

Zip Code  
43054-7600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
President & COO, NW Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : EMP201910031264**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Carter, John, L., ,**

Mailing Address 12 Edge of Woods

City  
New Albany

State  
OH

Zip Code  
43054-7600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
President & COO, NW Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : EMP201910171256**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Case, Joe, , ,**

Mailing Address 444 W 6th St

City  
Marysville

State  
OH

Zip Code  
43040-1464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
AVP, Corp Communications & PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : EMP201910031164**

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)..... ►

409.60