

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 113
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Diem, Klaus, K, ,

Mailing Address 3419 McCammon Chase Dr

City
Lewis CenterState
OHZip Code
43035-7247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
SVP, Chief Risk Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : EMP201910171181

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Donato, Gayle, L, ,

Mailing Address 6287 Tallowtree Dr

City
HilliardState
OHZip Code
43026-6129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
AVP, Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : EMP20191003512

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Donato, Gayle, L, ,

Mailing Address 6287 Tallowtree Dr

City
HilliardState
OHZip Code
43026-6129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
AVP, Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : EMP20191017509

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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