

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 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. Lonergan, William, P, ,**

Mailing Address 221 S Remington Rd

City  
BexleyState  
OHZip Code  
43209-1856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
Senior Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : EMP20191003634**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Lonergan, William, P, ,**

Mailing Address 221 S Remington Rd

City  
BexleyState  
OHZip Code  
43209-1856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
Senior Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : EMP20191017630**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Long, Regina, M, ,**

Mailing Address 6403 Degood Rd

City  
OstranderState  
OHZip Code  
43061-9752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
AVP, Program Management - IPS

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 : EMP20191003870**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

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