

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

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

FOR LINE NUMBER: PAGE 30 OF 95  
(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. Frommeyer, Timothy, , ,**

Mailing Address 7629 Leister Rd

City  
Dublin

State  
OH

Zip Code  
43017-8614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
SVP, CFO - Financial Srv & Ins

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

**Transaction ID : EMP20200416118**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Frye, Martha, Lovette, ,**

Mailing Address 4921 Greenbreeze Ln

City  
Holly Springs

State  
NC

Zip Code  
27540-6865

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
SVP, PL Claims-P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2020

**Transaction ID : EMP202004021310**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Frye, Martha, Lovette, ,**

Mailing Address 4921 Greenbreeze Ln

City  
Holly Springs

State  
NC

Zip Code  
27540-6865

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
SVP, PL Claims-P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

**Transaction ID : EMP202004161297**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00