

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

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

FOR LINE NUMBER: PAGE 81 OF 260

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Gilbert, Kevin, , ,

Mailing Address 2173 Olde Sawmill Blvd

City
DublinState
OHZip Code
43016-8221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

AVP, Compensation Consulting - Huma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2019

Transaction ID : EMP201912121697

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Gilreath, Marla, Tonnnette, ,

Mailing Address 7431 Holderman St

City

Lewis Center

State

OH

Zip Code

43035-8464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, PL & Core Claims Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : EMP201911271297

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Gilreath, Marla, Tonnnette, ,

Mailing Address 7431 Holderman St

City

Lewis Center

State

OH

Zip Code

43035-8464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, PL & Core Claims Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2019

Transaction ID : EMP201912121296

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

60.00

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