

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

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

FOR LINE NUMBER: PAGE 47 OF 137

(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. Gilreath, Marla, Tonnette, ,

Mailing Address 7431 Holderman St

City
Lewis CenterState
OHZip Code
43035-8464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
VP, PL & Core Claims Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2019

Transaction ID : EMP201905021491

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Gilreath, Marla, Tonnette, ,

Mailing Address 7431 Holderman St

City
Lewis CenterState
OHZip Code
43035-8464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
VP, PL & Core Claims Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2019

Transaction ID : EMP201905161486

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Gobber, Lisa, E, ,

Mailing Address 433 S 83rd St

City
West Des MoinesState
IAZip Code
50266-8519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NationwideOccupation (for Individual)
VP, Small Market Und-CL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2019

Transaction ID : EMP20190502762

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

100.00

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