

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

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

FOR LINE NUMBER: PAGE 80 OF 246

(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 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 ▼

450.00

Date of Receipt

08 / 02 / 2019

**Transaction ID : EMP201907251356**

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 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 ▼

450.00

Date of Receipt

08 / 16 / 2019

**Transaction ID : EMP201908081348**

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, Tonnette, ,**

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 ▼

450.00

Date of Receipt

08 / 30 / 2019

**Transaction ID : EMP201908221339**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00