

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

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

FOR LINE NUMBER: PAGE 199 OF 246

(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. Schuerger, Karen, Marie, ,**

Mailing Address 2384 Fawn Haven Dr

City  
Medina

State  
OH

Zip Code  
44256-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, CL Distribution Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 16 / 2019

**Transaction ID : EMP201908081277**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Schuerger, Karen, Marie, ,**

Mailing Address 2384 Fawn Haven Dr

City  
Medina

State  
OH

Zip Code  
44256-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, CL Distribution Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 30 / 2019

**Transaction ID : EMP201908221268**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**c. Shaffer, John, K, ,**

Mailing Address 1549 Brook Ln

City  
Jamison

State  
PA

Zip Code  
18929-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Trial Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 02 / 2019

**Transaction ID : EMP20190725529**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

115.00