

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

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

FOR LINE NUMBER: PAGE 9 OF 38

(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 Financial & Investments Political Action Committee

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

A. Blaha, Randall, R, ,

Mailing Address 7590 Bevelhymer Rd

City
New Albany

State
OH

Zip Code
43054-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
VP, BSA Retirement Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : EMP202003191303

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Boyd, Michael, , ,

Mailing Address 82 Park Front Ct

City
Columbus

State
OH

Zip Code
43215-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
SVP, Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2020

Transaction ID : EMP202003051773

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Boyd, Michael, , ,

Mailing Address 82 Park Front Ct

City
Columbus

State
OH

Zip Code
43215-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
SVP, Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : EMP202003191815

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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