

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

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

FOR LINE NUMBER: PAGE 8 OF 98

(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. Anderson, Troy, , ,

Mailing Address 3388 W Wild Dunes Pl

City
Lecanto

State
FL

Zip Code
34461-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
VP, Ind Prot Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : EMP20190502626

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Anderson, Troy, , ,

Mailing Address 3388 W Wild Dunes Pl

City
Lecanto

State
FL

Zip Code
34461-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
VP, Ind Prot Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : EMP20190516625

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Aniano, Joseph, , ,

Mailing Address 7120 Longfield Ct

City
New Albany

State
OH

Zip Code
43054-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide

Occupation (for Individual)
VP, National Accounts - NF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : EMP201905022176

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100.00