

# **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 198

(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. Alvarez, Carol, J, ,

Mailing Address 7817 NW 96th St

City  
JohnstonState  
IAZip Code  
50131-2989FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
VP, Claims - Non-Std & Agribus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2019

Transaction ID : EMP20190711656

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Amon, Sean, B, ,

Mailing Address 5621 Rensch Rd

City  
Grove CityState  
OHZip Code  
43123-9537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
VP, Infrastructure CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2019

Transaction ID : EMP20190627486

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Amon, Sean, B, ,

Mailing Address 5621 Rensch Rd

City  
Grove CityState  
OHZip Code  
43123-9537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NationwideOccupation (for Individual)  
VP, Infrastructure CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2019

Transaction ID : EMP20190711484

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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