

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

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

FOR LINE NUMBER: PAGE 22 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. Brady, Lynne, , ,

Mailing Address 6907 Rothwell St

City  
New Albany

State  
OH

Zip Code  
43054-7164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
VP, External Anti-Fraud

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : EMP20190627883

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Brady, Lynne, , ,

Mailing Address 6907 Rothwell St

City  
New Albany

State  
OH

Zip Code  
43054-7164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
VP, External Anti-Fraud

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : EMP20190711877

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Brantley, Jerald, C, ,

Mailing Address 2006 NW Abilene Rd

City  
Ankeny

State  
IA

Zip Code  
50023-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
AVP, QA Svcs - P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : EMP201906271186

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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