

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

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

FOR LINE NUMBER: PAGE 97 OF 249

(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. Hoover, William, E, ,**

Mailing Address 2301 E Desert Trumpet Rd

City  
Phoenix

State  
AZ

Zip Code  
85048-9165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Director, Clms - E&S Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : EMP201910171249**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Horner, Robert, , ,**

Mailing Address 4907 Lytfield Dr

City  
Dublin

State  
OH

Zip Code  
43017-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Corporate Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : EMP201910031325**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Horner, Robert, , ,**

Mailing Address 4907 Lytfield Dr

City  
Dublin

State  
OH

Zip Code  
43017-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Corporate Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : EMP201910171317**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

215.00