

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

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

FOR LINE NUMBER: PAGE 124 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. Lopes, John, Santos, ,**

Mailing Address 450 W 17th St  
Apt 427

City  
New York

State  
NY

Zip Code  
10011-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Product Expansion - E&S Special

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 11 / 2019

**Transaction ID : EMP201910031437**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Lopes, John, Santos, ,**

Mailing Address 450 W 17th St  
Apt 427

City  
New York

State  
NY

Zip Code  
10011-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Product Expansion - E&S Special

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 25 / 2019

**Transaction ID : EMP201910171428**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Lore, Peter, D, ,**

Mailing Address 9460 Brock Rd

City  
Plain City

State  
OH

Zip Code  
43064-9330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

AVP, Quality Audit - P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

10 / 11 / 2019

**Transaction ID : EMP20191003378**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

235.00