

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

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

FOR LINE NUMBER: PAGE 10 OF 130

(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. Applegate, Thomas, Anthony, ,

Mailing Address 8291 Amberleigh Way

City  
Dublin

State  
OH

Zip Code  
43017-8656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Senior Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2019

Transaction ID : EMP201907251031

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Applegate, Thomas, Anthony, ,

Mailing Address 8291 Amberleigh Way

City  
Dublin

State  
OH

Zip Code  
43017-8656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Senior Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : EMP201908081023

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Applegate, Thomas, Anthony, ,

Mailing Address 8291 Amberleigh Way

City  
Dublin

State  
OH

Zip Code  
43017-8656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Senior Investment Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : EMP201908221016

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)..... ►

150.00