

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

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

FOR LINE NUMBER: PAGE 149 OF 189

(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. Shaffer, John, K, ,**

Mailing Address 1549 Brook Ln

City  
Jamison

State  
PA

Zip Code  
18929-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
Sr Trial Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2019

**Transaction ID : EMP20190905516**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Shaffer, John, K, ,**

Mailing Address 1549 Brook Ln

City  
Jamison

State  
PA

Zip Code  
18929-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nationwide

Occupation (for Individual)  
Sr Trial Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2019

**Transaction ID : EMP20190919516**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Sheally, William, B, , III**

Mailing Address 615 Chablis Way

City  
Wilmington

State  
NC

Zip Code  
28411-8754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
IC Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2019

**Transaction ID : AGT20190912136**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00