

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Nationwide Mutual Insurance Company Political Action Committee

ADDRESS (number and street) One Nationwide Plaza 1-27-10 Columbus OH 43215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00076174 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Carol Dove

Signature of Treasurer Electronically Filed by Ms. Carol Dove Date 02 19 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Nationwide Mutual Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		130199.79
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	130199.79									
(c) Total Receipts (from Line 19) .....	19010.58	19010.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	149210.37	149210.37								
7. Total Disbursements (from Line 31) .....	26250.00	26250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	122960.37	122960.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

Write or Type Committee Name

Nationwide Mutual Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1624.95	1624.95
(ii) Unitemized .....	17385.63	17385.63
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19010.58	19010.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	19010.58	19010.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19010.58	19010.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19010.58	19010.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	18250.00	18250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26250.00	26250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26250.00	26250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	19010.58	19010.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19010.58	19010.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Patricia R. Hatler

Mailing Address 17 North Parkview Avenue

City State Zip Code  
Bexley OH 43209-1434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nationwide Insurance EVP, Chief Legal & Gov Officer

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: EMP2010012910777

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)  
Terri L. Hill

Mailing Address 1475 West 3Rd. Avenue  
Unit301

City State Zip Code  
Columbus OH 43212-2869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nationwide Insurance President, NBH, EVP Admin.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: EMP2010012910642

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
Larry Hilsheimer

Mailing Address 7278 Lambton Park Road

City State Zip Code  
New Albany OH 43054-9037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nationwide Insurance Pres, COO, Cust Choice Dist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: EMP2010012911007

Amount of Each Receipt this Period

192.30

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

576.90

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

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

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

FOR LINE NUMBER: PAGE 8 / 17  
(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

**A.** Full Name (Last, First, Middle Initial)  
Michael C. Keller

Mailing Address 10542 Mackenzie Way

City State Zip Code  
Dublin OH 43017-8832

FEC ID number of contributing federal political committee. **C**

Name of Employer Nationwide Insurance Occupation EVP, Chief Info Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910844  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
James Lyski

Mailing Address 305 North Parkview Avenue

City State Zip Code  
Bexley OH 43209-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer Nationwide Insurance Occupation EVP, Chief Mktg. Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910992  
Amount of Each Receipt this Period 192.30

**C.** Full Name (Last, First, Middle Initial)  
Steve S. Rasmussen

Mailing Address One Miranova Place Suite 2425

City State Zip Code  
Columbus OH 43215-5080

FEC ID number of contributing federal political committee. **C**

Name of Employer Nationwide Insurance Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910743  
Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► 509.60

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



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

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

FOR LINE NUMBER: PAGE 9 / 17  
(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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Rouch  
Mailing Address 3893 Riverview Drive  
City Columbus State OH Zip Code 43221-4911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation SVP, Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60  
Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910474  
Amount of Each Receipt this Period 192.30

**B.** Full Name (Last, First, Middle Initial)  
Mark R. Thresher  
Mailing Address 180 Thornbury Lane  
City Powell State OH Zip Code 43065-9407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation EVP, Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60  
Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910635  
Amount of Each Receipt this Period 192.30

**C.** Full Name (Last, First, Middle Initial)  
Kirt A. Walker  
Mailing Address 7227 Waterston  
City New Albany State OH Zip Code 43054-7126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation President & COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 246.16  
Date of Receipt 01 / 29 / 2010  
Transaction ID: EMP2010012910022  
Amount of Each Receipt this Period 153.85

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 538.45  
**TOTAL** This Period (last page this line number only) ..... ▶ 1624.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ed Royce for Congress</p> <p>Mailing Address PO Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40</p>	<p><b>Transaction ID:</b> B56FED380315E9CD1D0</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Freedom Project; the</p> <p>Mailing Address 631-B Pennsylvania Ave., SE Basement Unit</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Freedom Project; the</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution</p>	<p><b>Transaction ID:</b> 7338813734C2BFDFC17</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address 18 N. Second St., Box 37 PO Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17</p>	<p><b>Transaction ID:</b> DF33DC1ADF3661CBA04</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kind for Congress Committee	Mailing Address 205 5th Avenue South Suite 428		State WI Zip Code 54601		Transaction ID: 58871C62F65929609E9 Date of Disbursement 01 / 11 / 2010
	Purpose of Disbursement			Amount of Each Disbursement this Period 1000.00	
Candidate Name Ron Kind			Category/ Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 03					
<b>B.</b> Full Name (Last, First, Middle Initial) Latourette for Congress Committee	Mailing Address 320 Kenarden Dr.		State OH Zip Code 44143		Transaction ID: 30288A077A2961E7D2C Date of Disbursement 01 / 20 / 2010
	Purpose of Disbursement			Amount of Each Disbursement this Period 1000.00	
Candidate Name Steven C. LaTourette			Category/ Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH District: 14					
<b>C.</b> Full Name (Last, First, Middle Initial) Voinovich for Senate Committee	Mailing Address 865 Macon Alley		State OH Zip Code 43206		Transaction ID: 434EEC7BF50FB7BE670 Date of Disbursement 01 / 27 / 2010
	Purpose of Disbursement Check never cashed			Amount of Each Disbursement this Period -1000.00	
Candidate Name George V. Voinovich			Category/ Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH District:					

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

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

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Garland <hr/> Mailing Address 4983 Meadway Drive <hr/> City New Albany State OH Zip Code 43054 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E55555264762D36B729 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens For McGregor <hr/> Mailing Address 5524 Old Columbus Road <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A6CEF273612B7C79249 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens For Sayre <hr/> Mailing Address 176 Downey Hill Drive, Ext. NE <hr/> City Dover State OH Zip Code 44622 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6012986B6BEC4C6B540 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1750.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Stephen Dyer <hr/> Mailing Address 4362 Ridge View Drive <hr/> City Uniontown State OH Zip Code 44685 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB40D61F56A3718C4D3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney <hr/> Mailing Address 357 East Torrence Road <hr/> City Columbus State OH Zip Code 43214 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F3B5EAA62C3BC31C514 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens With Celeste <hr/> Mailing Address 366 East Broad Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4D4A409677E35740F45 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bob Hackett for State Representative</p>	<p><b>Transaction ID:</b> 497B5E7B04A5D0F860B <b>Date of Disbursement</b></p>
<p>Mailing Address 2050 Palouse Drive</p>	<p><input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2010"/></p>
<p>City London State OH Zip Code 43140</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p>	<p><input type="text" value="500.00"/></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Dan Dodd</p>	<p><b>Transaction ID:</b> 91DA537E9E4F4CAFF3F <b>Date of Disbursement</b></p>
<p>Mailing Address 256 Wilshire Drive</p>	<p><input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2010"/></p>
<p>City Hebron State OH Zip Code 43025</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p>	<p><input type="text" value="2000.00"/></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Lynn Wachtmann</p>	<p><b>Transaction ID:</b> 92E369C3E832CA5D826 <b>Date of Disbursement</b></p>
<p>Mailing Address 550 Euclid Avenue</p>	<p><input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2010"/></p>
<p>City Napoleon State OH Zip Code 43545</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p>	<p><input type="text" value="500.00"/></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Armond Budish <hr/> Mailing Address 23240 Chagrin Blvd., Building 4 Su <hr/> City Beachwood State OH Zip Code 44122 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 72DA18D4ED48D60FF31 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Deborah Phillips <hr/> Mailing Address 48 Hudson Avenue <hr/> City Athens State OH Zip Code 45701 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 278905EB18787831F8D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Jay Goyal <hr/> Mailing Address 2584 Wahl Drive <hr/> City Lexington State OH Zip Code 44904 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FFF088E1163CC6E2025 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Linda Bolon</p> <p>Mailing Address 43 Pueblo Lane</p> <p>City Columbiana State OH Zip Code 44408</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3ABF4C170A1EA894F1B <b>Date of Disbursement</b> 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mark Schneider</p> <p>Mailing Address 8914 Trotter Lane, Unit D</p> <p>City Mentor State OH Zip Code 44060</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B81CBFCEF9DF325ECD0 <b>Date of Disbursement</b> 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin Bacon For State Representative</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8967471BC733D336067 <b>Date of Disbursement</b> 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nationwide Mutual Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
OH House Democratic Caucus Fund

Transaction ID: 1E1EB9689ADFBB55BD7

Mailing Address 271 East State Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

City State Zip Code  
Columbus OH 43215

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Tom Letson For Ohio House

Transaction ID: 2FC11A3EAA446109B27

Mailing Address 4061 Tod Avenue, NW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	0

City State Zip Code  
Warren OH 44485

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

4000.00
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TOTAL This Period (last page this line number only) ..... ►

18250.00
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