

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 and Allied Group Inc. PAC of California

ADDRESS (number and street) 1601 Exposition Blvd; PC1A
 Check if different than previously reported. (ACC)
Sacramento CA 95815

2. **FEC IDENTIFICATION NUMBER** C00406215
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2008 through 08 31 2008

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 Cecil Autry
Signature of Treasurer Electronically Filed by Cecil Autry Date 09 15 2008

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		27406.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	31464.17									
(c) Total Receipts (from Line 19)	1635.54	8693.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33099.71	36099.71								
7. Total Disbursements (from Line 31)	1500.00	4500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31599.71	31599.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1009.04	2905.93
(i) Itemized (use Schedule A)	626.50	5787.28
(ii) Unitemized	1635.54	8693.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1635.54	8693.21
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))	1635.54	8693.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1635.54	8693.21

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	0.00
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.....	1500.00	4500.00
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))..	1500.00	4500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	4500.00

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	1635.54	8693.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1635.54	8693.21
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 6 / 21

(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 and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Robert A. Bilo

Mailing Address 4706 Village Green Drive

City State Zip Code
El Dorado Hills CA 95762-7674

FEC ID number of contributing federal political committee. C

Name of Employer California Work At HOM Occupation Regional Vice President - NRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 01 / 2008

Transaction ID: EMP2008080110118

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Robert A. Bilo

Mailing Address 4706 Village Green Drive

City State Zip Code
El Dorado Hills CA 95762-7674

FEC ID number of contributing federal political committee. C

Name of Employer California Work At HOM Occupation Regional Vice President - NRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 15 / 2008

Transaction ID: EMP2008081510117

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Robert A. Bilo

Mailing Address 4706 Village Green Drive

City State Zip Code
El Dorado Hills CA 95762-7674

FEC ID number of contributing federal political committee. C

Name of Employer California Work At HOM Occupation Regional Vice President - NRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 29 / 2008

Transaction ID: EMP2008082910117

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 75.00

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: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt
	Mailing Address 9761 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 08 / 01 / 2008
	City	State	Zip Code
	Elk Grove	CA	95757-8323
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008080110100
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt
	Mailing Address 9761 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	Elk Grove	CA	95757-8323
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008081510099
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt
	Mailing Address 9761 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 08 / 29 / 2008
	City	State	Zip Code
	Elk Grove	CA	95757-8323
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008082910099
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21
(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

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A. Full Name (Last, First, Middle Initial)
Randy M. Eggers

Mailing Address 1929 Eagle Glen Drive

City State Zip Code
Roseville CA 95661-4025

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: EMP2008080110091

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Randy M. Eggers

Mailing Address 1929 Eagle Glen Drive

City State Zip Code
Roseville CA 95661-4025

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: EMP2008081510090

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Randy M. Eggers

Mailing Address 1929 Eagle Glen Drive

City State Zip Code
Roseville CA 95661-4025

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: EMP2008082910090

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.	Full Name (Last, First, Middle Initial) Daniel J. Finn		Date of Receipt
	Mailing Address 2 Amador		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	Newport Coast	CA	92657-1226
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008081510084
Name of Employer N72B9		Occupation FSS Sales Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Daniel J. Finn		Date of Receipt
	Mailing Address 2 Amador		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 29 / 2008
	City	State	Zip Code
	Newport Coast	CA	92657-1226
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008082910084
Name of Employer N72B9		Occupation FSS Sales Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008080110101
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21
(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

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
John D. Fischl

Mailing Address 9341 Moondancer Circle

City State Zip Code
Roseville CA 95747-7114

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

Name of Employer Occupation
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: EMP2008081510100

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
John D. Fischl

Mailing Address 9341 Moondancer Circle

City State Zip Code
Roseville CA 95747-7114

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

Name of Employer Occupation
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2008

Transaction ID: EMP2008082910100

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Jim A. Hanley

Mailing Address 3032 Beechwood Court

City State Zip Code
Fairfield CA 94533-7731

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

Name of Employer Occupation
Nationwide Enterprise Manager, Loss Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: EMP2008080110110

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.	Full Name (Last, First, Middle Initial) Jim A. Hanley		Date of Receipt
	Mailing Address 3032 Beechwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Fairfield	CA	94533-7731
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008081510109
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer Nationwide Enterprise		Occupation Manager, Loss Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 360.00

B.	Full Name (Last, First, Middle Initial) Jim A. Hanley		Date of Receipt
	Mailing Address 3032 Beechwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Fairfield	CA	94533-7731
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008082910109
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer Nationwide Enterprise		Occupation Manager, Loss Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 360.00

C.	Full Name (Last, First, Middle Initial) Robert P. O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008080110095
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 720.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21

(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

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)

Robert P. O'Hollearn

Mailing Address 1005 Hutley Way

City

Granite Bay

State

CA

Zip Code

95746-7160

FEC ID number of contributing federal political committee.

C

Name of Employer
Nationwide Enterprise

Occupation

RVP, Pacific Coast

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY
08 / 15 / 2008

Transaction ID: EMP2008081510094

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Robert P. O'Hollearn

Mailing Address 1005 Hutley Way

City

Granite Bay

State

CA

Zip Code

95746-7160

FEC ID number of contributing federal political committee.

C

Name of Employer
Nationwide Enterprise

Occupation

RVP, Pacific Coast

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY
08 / 29 / 2008

Transaction ID: EMP2008082910094

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Margie Piercy

Mailing Address 1778 Herbert Court

City

Yuba City

State

CA

Zip Code

95993-1654

FEC ID number of contributing federal political committee.

C

Name of Employer
Nationwide Enterprise

Occupation

Staff Operations Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

311.21

Date of Receipt

MM / DD / YYYY
08 / 01 / 2008

Transaction ID: EMP2008080110000

Amount of Each Receipt this Period

25.67

SUBTOTAL of Receipts This Page (optional)

105.67

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 13 / 21
(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

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Margie Piercy

Mailing Address 1778 Herbert Court

City State Zip Code
Yuba City CA 95993-1654

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

Name of Employer Nationwide Enterprise Occupation Staff Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.21

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: EMP2008081510000

Amount of Each Receipt this Period
7.70

B.

Full Name (Last, First, Middle Initial)
Margie Piercy

Mailing Address 1778 Herbert Court

City State Zip Code
Yuba City CA 95993-1654

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

Name of Employer Nationwide Enterprise Occupation Staff Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.21

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: EMP2008082910000

Amount of Each Receipt this Period
25.67

C.

Full Name (Last, First, Middle Initial)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City State Zip Code
Elk Grove CA 95758-5111

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

Name of Employer Nationwide Enterprise Occupation Claims Manager - Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: EMP2008080110108

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **48.37**

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 14 / 21
(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
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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City Elk Grove State CA Zip Code 95758-5111

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

Name of Employer Nationwide Enterprise Occupation Claims Manager - Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: EMP2008081510107

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City Elk Grove State CA Zip Code 95758-5111

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

Name of Employer Nationwide Enterprise Occupation Claims Manager - Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: EMP2008082910107

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Scott M. Schoenborn

Mailing Address 1573 Vista Ridge Way

City Roseville State CA Zip Code 95661-4018

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

Name of Employer Nationwide Enterprise Occupation AVP, PCRO Underwriting-Allied

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	8

Transaction ID: EMP2008080110082

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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 15 / 21
(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
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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Scott M. Schoenborn

Mailing Address 1573 Vista Ridge Way

City State Zip Code
Roseville CA 95661-4018

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Underwriting-Allied

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: EMP2008081510081

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
Scott M. Schoenborn

Mailing Address 1573 Vista Ridge Way

City State Zip Code
Roseville CA 95661-4018

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Underwriting-Allied

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2008

Transaction ID: EMP2008082910081

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Todd Squiers

Mailing Address 70 Corte Patencio

City State Zip Code
Greenbrae CA 94904-1116

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

Name of Employer Occupation
California Work At HOM NBH Bus Dev Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: EMP2008080110106

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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 16 / 21
(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 and Allied Group Inc. PAC of California

A. Full Name (Last, First, Middle Initial)
 Todd Squiers
 Mailing Address 70 Corte Patencio
 City State Zip Code
 Greenbrae CA 94904-1116
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 8
Transaction ID: EMP2008081510105
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 California Work At HOM NBH Bus Dev Consultant
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

B. Full Name (Last, First, Middle Initial)
 Todd Squiers
 Mailing Address 70 Corte Patencio
 City State Zip Code
 Greenbrae CA 94904-1116
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 8
Transaction ID: EMP2008082910105
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 California Work At HOM NBH Bus Dev Consultant
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

C. Full Name (Last, First, Middle Initial)
 Russell H. Tabbert
 Mailing Address 2265 Heritage Drive
 City State Zip Code
 Roseville CA 95678-3412
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 8
Transaction ID: EMP2008080110098
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nationwide Enterprise Claims Director - Field
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
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 17 / 21
(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
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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Russell H. Tabbert

Mailing Address 2265 Heritage Drive

City State Zip Code
Roseville CA 95678-3412

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

Name of Employer Occupation
Nationwide Enterprise Claims Director - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: EMP2008081510097

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Russell H. Tabbert

Mailing Address 2265 Heritage Drive

City State Zip Code
Roseville CA 95678-3412

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

Name of Employer Occupation
Nationwide Enterprise Claims Director - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2008

Transaction ID: EMP2008082910097

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Brett D. Tupps

Mailing Address 437 Aria Drive

City State Zip Code
El Dorado Hills CA 95762-3963

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

Name of Employer Occupation
N0135 RVP, Pacific West

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: EMP2008080110086

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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: (check only one)	PAGE 18 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008081510085
Name of Employer N0135		Occupation RVP, Pacific West	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 29 / 2008
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008082910085
Name of Employer N0135		Occupation RVP, Pacific West	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Tie Zhang		Date of Receipt
	Mailing Address 5717 Deepdale Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2008
	City	State	Zip Code
	Elk Grove	CA	95758-6857
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2008080110114
Name of Employer California Work At HOM		Occupation IA Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 21
	(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

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial) Tie Zhang		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 5717 Deepdale Way		Transaction ID: EMP2008081510113
City Elk Grove	State CA	Zip Code 95758-6857
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer California Work At HOM	Occupation IA Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Tie Zhang		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 5717 Deepdale Way		Transaction ID: EMP2008082910113
City Elk Grove	State CA	Zip Code 95758-6857
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer California Work At HOM	Occupation IA Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	1009.04

**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 20 / 21

<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 and Allied Group Inc. PAC of California

A.

Full Name (Last, First, Middle Initial)
Committee to Re-Elect Tony Strickland

Mailing Address PO Box 1370

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: Odc643f2f559ccf868b

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

1500.00

Image# 28992143060

Form/Schedule: **F3X**

Transaction ID:
