

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 2007 through 08 31 2007

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 12 2007

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

**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	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">17985.50</td></tr></table>	17985.50
Y	Y	Y	Y									
2	0	0	7									
17985.50												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">23412.00</td></tr></table>	23412.00										
23412.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">1120.50</td></tr></table>	1120.50	<table border="1" style="width: 100%;"><tr><td align="center">6547.00</td></tr></table>	6547.00								
1120.50												
6547.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">24532.50</td></tr></table>	24532.50	<table border="1" style="width: 100%;"><tr><td align="center">24532.50</td></tr></table>	24532.50								
24532.50												
24532.50												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00								
0.00												
0.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">24532.50</td></tr></table>	24532.50	<table border="1" style="width: 100%;"><tr><td align="center">24532.50</td></tr></table>	24532.50								
24532.50												
24532.50												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	685.00	2295.00
(i) Itemized (use Schedule A)	435.50	4252.00
(ii) Unitemized	1120.50	6547.00
(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)	1120.50	6547.00
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))	1120.50	6547.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1120.50	6547.00

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.....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	1120.50	6547.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1120.50	6547.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 15						
	(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

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

Full Name (Last, First, Middle Initial) A. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2007080310122	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2007081710122	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2007083110126	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 15 (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 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 Allied Reg Marketing Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: EMP2007080310123 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	7		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	7														
	20.00																						

B. Full Name (Last, First, Middle Initial) John 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 Allied Reg Marketing Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: EMP2007081710123 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	7		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	7		2	0	0	7														
	20.00																						

C. Full Name (Last, First, Middle Initial) John 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 Allied Reg Marketing Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: EMP2007083110127 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	1		2	0	0	7														
	20.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">60.00</td> </tr> </table>	60.00	
60.00			
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15 (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

<p>A. Full Name (Last, First, Middle Initial) Jim Hanley</p> <p>Mailing Address 3032 Beechwood Court</p> <hr/> <p>City State Zip Code Fairfield CA 94533-7731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nationwide Enterprise Manager, Loss Control</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00</p>	<p>Date of Receipt 08 / 03 / 2007</p> <p>Transaction ID: EMP2007080310128</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jim Hanley</p> <p>Mailing Address 3032 Beechwood Court</p> <hr/> <p>City State Zip Code Fairfield CA 94533-7731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nationwide Enterprise Manager, Loss Control</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00</p>	<p>Date of Receipt 08 / 17 / 2007</p> <p>Transaction ID: EMP2007081710128</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jim Hanley</p> <p>Mailing Address 3032 Beechwood Court</p> <hr/> <p>City State Zip Code Fairfield CA 94533-7731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nationwide Enterprise Manager, Loss Control</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00</p>	<p>Date of Receipt 08 / 31 / 2007</p> <p>Transaction ID: EMP2007083110132</p> <p>Amount of Each Receipt this Period 20.00</p>
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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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. Robert O'Hollearn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2007	
Mailing Address 1005 Hutley Way		Transaction ID: EMP2007080310117	
City State Zip Code Granite Bay CA 95746-7160	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) B. Robert O'Hollearn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007	
Mailing Address 1005 Hutley Way		Transaction ID: EMP2007081710117	
City State Zip Code Granite Bay CA 95746-7160	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) C. Robert O'Hollearn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007	
Mailing Address 1005 Hutley Way		Transaction ID: EMP2007083110121	
City State Zip Code Granite Bay CA 95746-7160	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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)
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 N0135 Occupation Claims Manager - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
08 / 03 / 2007

Transaction ID: EMP2007080310127

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 N0135 Occupation Claims Manager - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
08 / 17 / 2007

Transaction ID: EMP2007081710127

Amount of Each Receipt this Period
15.00

C. 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 N0135 Occupation Claims Manager - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
08 / 31 / 2007

Transaction ID: EMP2007083110131

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2007	
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2007080310103	
City State Zip Code Roseville CA 95661-4018	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) B. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007	
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2007081710103	
City State Zip Code Roseville CA 95661-4018	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) C. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007	
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2007083110108	
City State Zip Code Roseville CA 95661-4018	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<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

Full Name (Last, First, Middle Initial) A. Todd Squiers		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	7													
Mailing Address 70 Corte Patencio		Transaction ID: EMP2007083110134																				
City	State	Zip Code																				
Greenbrae	CA	94904-1116																				
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 GM Bus Dev Consultant																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00																					

Full Name (Last, First, Middle Initial) B. Russell Tabbert		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	3		2	0	0	7													
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2007080310119																				
City	State	Zip Code																				
Roseville	CA	95678-3412																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer Nationwide Enterprse	Occupation Claims Director - Field																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00																					

Full Name (Last, First, Middle Initial) C. Russell Tabbert		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	0	7													
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2007081710119																				
City	State	Zip Code																				
Roseville	CA	95678-3412																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer Nationwide Enterprse	Occupation Claims Director - Field																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<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

Full Name (Last, First, Middle Initial) A. Russell Tabbert		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007	
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2007083110123	
City Roseville	State CA	Zip Code 95678-3412	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Claims Director - Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Rick Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 1344 Muscat Circle		Transaction ID: EMP2007080310120	
City Roseville	State CA	Zip Code 95747-7282	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation CL Underwriting Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Rick Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1344 Muscat Circle		Transaction ID: EMP2007081710120	
City Roseville	State CA	Zip Code 95747-7282	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation CL Underwriting Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 15
	<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

Full Name (Last, First, Middle Initial) A. Rick Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007	
Mailing Address 1344 Muscat Circle		Transaction ID: EMP2007083110124	
City State Zip Code Roseville CA 95747-7282	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation CL Underwriting Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Beth Trotter		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 3380 Swallows Nest Lane		Transaction ID: EMP2007080310109	
City State Zip Code Sacramento CA 95833-9611	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Beth Trotter		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 3380 Swallows Nest Lane		Transaction ID: EMP2007081710109	
City State Zip Code Sacramento CA 95833-9611	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 15	
	(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"/> 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)
 Beth Trotter

Mailing Address 3380 Swallows Nest Lane

City State Zip Code
 Sacramento CA 95833-9611

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

Name of Employer Occupation
 N0135 P/C Sales Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2007

Transaction ID: EMP2007083110114

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	685.00