

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 11 04 2008 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 10 01 2008 through 10 15 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 10 23 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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	31777.05									
(c) Total Receipts (from Line 19)	596.17	10466.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32373.22	37873.22								
7. Total Disbursements (from Line 31)	1800.00	7300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30573.22	30573.22								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	370.67	3977.94
(i) Itemized (use Schedule A)		
(ii) Unitemized	225.50	6488.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	596.17	10466.72
(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)	596.17	10466.72
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))	596.17	10466.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	596.17	10466.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1800.00	7300.00
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))..	1800.00	7300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1800.00	7300.00

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)	596.17	10466.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	596.17	10466.72
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 / 14

(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 Occupation
California Work At HOM Regional Vice President - NRS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: EMP200810101118

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Cheryl K. Bryant

Mailing Address 341 Riverview Drive

City State Zip Code
Auburn CA 95603-5731

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

Name of Employer Occupation
Nationwide Enterprise HR Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: EMP2008101010096

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Linda L. Coleman

Mailing Address 9761 Summer Glen Way

City State Zip Code
Elk Grove CA 95757-8323

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

Name of Employer Occupation
Nationwide Enterprise Specialist, Process Mgmt

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

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

Transaction ID: EMP2008101010097

Amount of Each Receipt this Period
25.00

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: PAGE 7 / 14
(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 ▼ 340.00

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

Transaction ID: EMP2008101010088

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Daniel J. Finn

Mailing Address 2 Amador

City State Zip Code
Newport Coast CA 92657-1226

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

Name of Employer Occupation
N72B9 FSS Sales Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: EMP2008101010081

Amount of Each Receipt this Period
25.00

C.

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 ▼ 420.00

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

Transaction ID: EMP2008101010098

Amount of Each Receipt this Period
20.00

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 8 / 14

(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)

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 ▼ 420.00

Date of Receipt

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

Transaction ID: EMP2008101010108

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Erich H. Lutkemuller

Mailing Address 3105 Strand Road

City State Zip Code
Rocklin CA 95765-4319

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 ▼ 210.00

Date of Receipt

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

Transaction ID: EMP2008101010090

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Michael D. McKeever

Mailing Address 4252 Mockingbird Street

City State Zip Code
Fair Oaks CA 95628-6355

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

Name of Employer Occupation
Nationwide Enterprise CA Commercial Claims Consult

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: EMP2008101010087

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

40.00

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 9 / 14
(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 State Zip Code
Granite Bay CA 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 ▼ 840.00

Date of Receipt 10 / 10 / 2008
Transaction ID: EMP2008101010092
Amount of Each Receipt this Period 40.00

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 ▼ 388.22

Date of Receipt 10 / 10 / 2008
Transaction ID: EMP2008101010000
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 ▼ 315.00

Date of Receipt 10 / 10 / 2008
Transaction ID: EMP2008101010106
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 80.67

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: (check only one)	PAGE 10 / 14
	<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) Scott M. Schoenborn		Date of Receipt MM / DD / YYYY 10 / 10 / 2008		
	Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2008101010078		
	City Roseville	State CA	Zip Code 95661-4018	Amount of Each Receipt this Period 5.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nationwide Enterprise	Occupation AVP, PCRO Underwriting-Allied			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 705.00			

B.	Full Name (Last, First, Middle Initial) Todd Squiers		Date of Receipt MM / DD / YYYY 10 / 10 / 2008		
	Mailing Address 70 Corte Patencio		Transaction ID: EMP2008101010104		
	City Greenbrae	State CA	Zip Code 94904-1116	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Work At HOM	Occupation NBH Bus Dev Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) Russell H. Tabbert		Date of Receipt MM / DD / YYYY 10 / 10 / 2008		
	Mailing Address 2265 Heritage Drive		Transaction ID: EMP2008101010095		
	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 ▼ 525.00			

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 11 / 14
	(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

A.	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N0135		Occupation RVP, Pacific West	Transaction ID: EMP2008101010082
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="525.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) John P. Valentine		Date of Receipt
	Mailing Address 8130 Walnut Villa Way		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fair Oaks	CA	95628-2775
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation Director - Sponsor Relations	Transaction ID: EMP2008101010102
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Ursula R. Whitfield		Date of Receipt
	Mailing Address 2081 Shropshire Street		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Roseville	CA	95747-4951
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA Sales Director	Transaction ID: EMP2008101010109
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
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 / 14	
	(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) Tie Zhang		Date of Receipt																					
	Mailing Address 5717 Deepdale Way		<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>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	0		2	0	0	8														
	City	State	Zip Code		Transaction ID: EMP2008101010113																			
	Elk Grove	CA	95758-6857																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer California Work At HOM		Occupation IA Sales Manager		<input type="text" value="25.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="425.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="25.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="370.67"/>

**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 13 / 14

<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

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)

Ted Gaines for Assembly

Transaction ID: 6b48499c9a2675f2ceb

Date of Disbursement

Mailing Address P.O. Box 471

^M 1	^M 0	/	^D 0	^D 6	/	^Y 2	^Y 0	^Y 0	^Y 8
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City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

1800.00

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) ►

1800.00

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

1800.00

Image# 28934063370

Form/Schedule: **F3X**

Transaction ID:
