



A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		130199.79
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	136464.01									
(c) Total Receipts (from Line 19) .....	27210.16	65574.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	163674.17	195774.17								
7. Total Disbursements (from Line 31) .....	29650.00	61750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	134024.17	134024.17								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

Nationwide Mutual Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13677.76	20259.66
(ii) Unitemized .....	13532.40	45314.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27210.16	65574.38
(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) .....	27210.16	65574.38
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)) .....	27210.16	65574.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27210.16	65574.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	33500.00
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.....	9150.00	28250.00
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))..	29650.00	61750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29650.00	61750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	27210.16	65574.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27210.16	65574.38
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: (check only one)	PAGE 7 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James B. Bachmann	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 7559 Ehret Round	<b>Transaction ID:</b> 0A5ADC5AFC571D6059C
	City State Zip Code New Albany OH 43054-8926	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Ohio Work At Home Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David A. Bano	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 10429 Mackenzie Way	<b>Transaction ID:</b> EMP2010031210521
	City State Zip Code Dublin OH 43017-8775	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Nationwide Insurance SVP, P/C Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David A. Bano	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 10429 Mackenzie Way	<b>Transaction ID:</b> EMP2010032610529
	City State Zip Code Dublin OH 43017-8775	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Nationwide Insurance SVP, P/C Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> 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 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Donald S. Bell

Mailing Address 127 Forbidden Lakes Court

City State Zip Code  
Johnstown OH 43031-8421

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

Name of Employer Occupation  
Ohio Work At Home AVP, Agribus Loss Control

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** D53D816E71120A1BD0C

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
Shelley Brazeau Temple

Mailing Address 2395 Ness Court

City State Zip Code  
Powell OH 43065-7137

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

Name of Employer Occupation  
Nationwide Insurance VP, Personal Lines Svc Oprtns

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031210529

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Shelley Brazeau Temple

Mailing Address 2395 Ness Court

City State Zip Code  
Powell OH 43065-7137

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

Name of Employer Occupation  
Nationwide Insurance VP, Personal Lines Svc Oprtns

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610537

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**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 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Lynda M. Butler  
 Mailing Address 9956 Erin Woods Drive  
 City State Zip Code  
 Dublin OH 43017-8717  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2010  
**Transaction ID:** EMP2010031210550  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Insurance Occupation VP, CFO Exclusive Channel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Lynda M. Butler  
 Mailing Address 9956 Erin Woods Drive  
 City State Zip Code  
 Dublin OH 43017-8717  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2010  
**Transaction ID:** EMP2010032610558  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Insurance Occupation VP, CFO Exclusive Channel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
 John L. Carter  
 Mailing Address 12 Edge of Woods  
 City State Zip Code  
 New Albany OH 43054-7600  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2010  
**Transaction ID:** EMP2010031211169  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Insurance Occupation SVP, Non-affiliated Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**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 10 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 John L. Carter  
 Mailing Address 12 Edge of Woods  
 City State Zip Code  
 New Albany OH 43054-7600  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 1 0  
**Transaction ID:** EMP2010032611216  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Insurance Occupation SVP, Non-affiliated Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**B.** Full Name (Last, First, Middle Initial)  
 Robert O. Cline  
 Mailing Address 7579 Tartan Fields Drive  
 City State Zip Code  
 Dublin OH 43017-8772  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 2 / 2 0 1 0  
**Transaction ID:** EMP2010031211088  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Occupation VP & CFO, Internal Sales & Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
 Robert O. Cline  
 Mailing Address 7579 Tartan Fields Drive  
 City State Zip Code  
 Dublin OH 43017-8772  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 1 0  
**Transaction ID:** EMP2010032611129  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Occupation VP & CFO, Internal Sales & Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**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 / 47

(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Corcoran

Mailing Address 1086 Concord Church Road

City State Zip Code  
Chillicothe OH 45601-9063

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

Name of Employer Occupation  
Ohio Work At Home Board of Directors

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: E442B92474A1ABA909D

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Dove

Mailing Address 5648 Preston Mill Way

City State Zip Code  
Dublin OH 43017-9649

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

Name of Employer Occupation  
Nationwide Insurance VP & Asst. Treasurer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: EMP2010031210664

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Carol Dove

Mailing Address 5648 Preston Mill Way

City State Zip Code  
Dublin OH 43017-9649

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

Name of Employer Occupation  
Nationwide Insurance VP & Asst. Treasurer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: EMP2010032610671

Amount of Each Receipt this Period  
50.00

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

1100.00

**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 12 / 47
	(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 Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Martha Lovette Frye		Date of Receipt
	Mailing Address 1070 Brookhouse Lane		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gahanna	OH	43230-1975
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Insurance		Occupation SVP, P&C Cust Svcs & Sls Sltns	<b>Transaction ID:</b> EMP2010031210994
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="600.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Martha Lovette Frye		Date of Receipt
	Mailing Address 1070 Brookhouse Lane		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gahanna	OH	43230-1975
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Insurance		Occupation SVP, P&C Cust Svcs & Sls Sltns	<b>Transaction ID:</b> EMP2010032611021
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="600.00"/>	<input type="text" value="100.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Lynn Greenstein		Date of Receipt
	Mailing Address 4425 Smothers Road		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43081-9652
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N2121		Occupation President, Nationwide Bank	<b>Transaction ID:</b> D2DEAC1C4C9AA83C220
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="2000.00"/>	<input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2200.00"/>
<b>TOTAL</b> 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 13 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Milissa Gutterrez  
 Mailing Address 116 Fontainebleau Drive  
 City State Zip Code  
 Mandeville LA 70471-6419  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2010  
**Transaction ID:** EMP2010031211175  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Louisiana Work At Home National Sls Mgr E Or W Rg  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Milissa Gutterrez  
 Mailing Address 116 Fontainebleau Drive  
 City State Zip Code  
 Mandeville LA 70471-6419  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2010  
**Transaction ID:** EMP2010032611222  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Louisiana Work At Home National Sls Mgr E Or W Rg  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
 Melissa D. Gutierrez  
 Mailing Address 1052 Blue Heron Drive  
 City State Zip Code  
 Westerville OH 43082-7416  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2010  
**Transaction ID:** EMP2010032611137  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nationwide Insurance NBH, Chief Specialty Hlth Offr  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00  
**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 14 / 47  
(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 Political Action Committee

**A.**

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

Mailing Address 17 North Parkview Avenue

City Bexley State OH Zip Code 43209-1434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210782

Amount of Each Receipt this Period 192.30

**B.**

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

Mailing Address 17 North Parkview Avenue

City Bexley State OH Zip Code 43209-1434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610788

Amount of Each Receipt this Period 192.30

**C.**

Full Name (Last, First, Middle Initial)  
Gordon E. Hecker

Mailing Address 363 N Drexel Avenue

City Bexley State OH Zip Code 43209-1007

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

Name of Employer Nationwide Insurance Occupation SVP, PCIO Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210925

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **484.60**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gordon E. Hecker

Mailing Address 363 N Drexel Avenue

City State Zip Code  
Bexley OH 43209-1007

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

Name of Employer Nationwide Insurance Occupation SVP, PCIO Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610938

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter J. Hersha

Mailing Address 3179 Dunlavin Glen

City State Zip Code  
Columbus OH 43221-4419

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

Name of Employer Nationwide Insurance Occupation VP, Trial Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031210300

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter J. Hersha

Mailing Address 3179 Dunlavin Glen

City State Zip Code  
Columbus OH 43221-4419

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

Name of Employer Nationwide Insurance Occupation VP, Trial Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610302

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Terri L. Hill		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 1475 West 3Rd. Avenue Unit301		<b>Transaction ID:</b> EMP2010031210645
City Columbus	State OH	Zip Code 43212-2869
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer Nationwide Insurance	Occupation President, NBH, EVP Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

**B.**

Full Name (Last, First, Middle Initial) Terri L. Hill		Date of Receipt MM / DD / YYYY 03 / 26 / 2010
Mailing Address 1475 West 3Rd. Avenue Unit301		<b>Transaction ID:</b> EMP2010032610653
City Columbus	State OH	Zip Code 43212-2869
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer Nationwide Insurance	Occupation President, NBH, EVP Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

**C.**

Full Name (Last, First, Middle Initial) Larry Hilsheimer		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 7278 Lambton Park Road		<b>Transaction ID:</b> EMP2010031211015
City New Albany	State OH	Zip Code 43054-9037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer Nationwide Insurance	Occupation Pres, COO, Cust Choice Dist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	576.90
<b>TOTAL</b> 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 / 47

(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Hilsheimer

Mailing Address 7278 Lambton Park Road

City State Zip Code  
New Albany OH 43054-9037

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1153.80

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: EMP2010032611048

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)

John Michael Jackson

Mailing Address 51 Liberty Ridge Avenue

City State Zip Code  
Powell OH 43065-7930

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

Name of Employer Occupation  
Nationwide Insurance AVP, Mergers and Acquisitions

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: C5AFB30B4538D307204

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Leroy Johnston, III

Mailing Address 5400 Olde Dublin Woods Drive

City State Zip Code  
Dublin OH 43016-3229

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

Name of Employer Occupation  
Nationwide Insurance VP, Ethics & Compliance

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 403.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: EMP2010031210004

Amount of Each Receipt this Period  
71.76

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

764.06

**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 18 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Leroy Johnston, III

Mailing Address 5400 Olde Dublin Woods Drive

City Dublin State OH Zip Code 43016-3229

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

Name of Employer Nationwide Insurance Occupation VP, Ethics & Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610004  
 Amount of Each Receipt this Period 70.83

**B.**

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

Mailing Address 10542 Mackenzie Way

City Dublin State OH Zip Code 43017-8832

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

Name of Employer Nationwide Insurance Occupation EVP, Chief Info Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210847  
 Amount of Each Receipt this Period 125.00

**C.**

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

Mailing Address 10542 Mackenzie Way

City Dublin State OH Zip Code 43017-8832

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

Name of Employer Nationwide Insurance Occupation EVP, Chief Info Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610855  
 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.83**

**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 19 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ronald Kerr

Mailing Address 7486 Ross Avenue

City State Zip Code  
Dublin OH 43017-8871

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

Name of Employer Nationwide Insurance Occupation VP, Direct Bus Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031211006

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Kerr

Mailing Address 7486 Ross Avenue

City State Zip Code  
Dublin OH 43017-8871

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

Name of Employer Nationwide Insurance Occupation VP, Direct Bus Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032611036

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Gale V. King

Mailing Address 7857 Lambton Park Road

City State Zip Code  
New Albany OH 43054-8435

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

Name of Employer Nationwide Insurance Occupation EVP, Chief HR Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031210303

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**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 20 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Gale V. King

Mailing Address 7857 Lambton Park Road

City State Zip Code  
New Albany OH 43054-8435

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

Name of Employer Occupation  
Nationwide Insurance EVP, Chief HR Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610305

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
M. Diane Koken

Mailing Address 1102 Oakmont Drive

City State Zip Code  
Lancaster PA 17601-5074

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

Name of Employer Occupation  
Pennsylvania Work At H Title Not Determined

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** D51E76D056B77BA78A8

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Landsberg

Mailing Address 2639 Royal Dornoch Circle

City State Zip Code  
Delaware OH 43015-8165

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

Name of Employer Occupation  
Nationwide Insurance Director of Advanced Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 9C9632A281F9D744157

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 21 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
John P. Lebens

Mailing Address 4703 Aberdeen Avenue

City State Zip Code  
Dublin OH 43016-9529

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

Name of Employer Nationwide Insurance Occupation VP, Corp Reins & Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610982

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael A. Lex

Mailing Address 9297 Lerwick Drive

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Nationwide Insurance Occupation SVP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031210740

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael A. Lex

Mailing Address 9297 Lerwick Drive

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Nationwide Insurance Occupation SVP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610745

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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 22 / 47
	<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	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George M. Lombardo		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 619 Dark Star Avenue		<b>Transaction ID:</b> EMP2010031210001		
	City Gahanna	State OH	Zip Code 43230-3819	Amount of Each Receipt this Period 45.87	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N2128	Occupation AVP, Process Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.54			

<b>B.</b>	Full Name (Last, First, Middle Initial) George M. Lombardo		Date of Receipt MM / DD / YYYY 03 / 26 / 2010		
	Mailing Address 619 Dark Star Avenue		<b>Transaction ID:</b> EMP2010032610001		
	City Gahanna	State OH	Zip Code 43230-3819	Amount of Each Receipt this Period 38.91	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N2128	Occupation AVP, Process Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.54			

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy J. Long		Date of Receipt MM / DD / YYYY 03 / 26 / 2010		
	Mailing Address 3305 Whitesworth Road		<b>Transaction ID:</b> EMP2010032611221		
	City Phoenix	State MD	Zip Code 21131-1401	Amount of Each Receipt this Period 37.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Maryland Work At Home	Occupation VP, NF Sales, ID Channel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.28
<b>TOTAL</b> 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 23 / 47
	(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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce A. Luecke		Date of Receipt
	Mailing Address 6156 Deeside 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 03 / 12 / 2010
	City	State	Zip Code
	Dublin	OH	43017-9458
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2010031211170
		Amount of Each Receipt this Period	
		<input type="text"/> 50.00	
Name of Employer N2121		Occupation VP, Product - NW Bank	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce A. Luecke		Date of Receipt
	Mailing Address 6156 Deeside 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 03 / 26 / 2010
	City	State	Zip Code
	Dublin	OH	43017-9458
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2010032611217
		Amount of Each Receipt this Period	
		<input type="text"/> 50.00	
Name of Employer N2121		Occupation VP, Product - NW Bank	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Lyski		Date of Receipt
	Mailing Address 305 North Parkview Avenue		<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 03 / 12 / 2010
	City	State	Zip Code
	Bexley	OH	43209-1437
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2010031210999
		Amount of Each Receipt this Period	
		<input type="text"/> 192.30	
Name of Employer Nationwide Insurance		Occupation EVP, Chief Mktg. Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1153.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 292.30
<b>TOTAL</b> 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 24 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
James Lyski

Mailing Address 305 North Parkview Avenue

City State Zip Code  
Bexley OH 43209-1437

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032611027

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)  
Duane L. Meyer

Mailing Address 315 N Emerald Drive

City State Zip Code  
Wausau WI 54401-3600

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

Name of Employer Nationwide Occupation VP, NWI Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** EMP2010031210526

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
Duane L. Meyer

Mailing Address 315 N Emerald Drive

City State Zip Code  
Wausau WI 54401-3600

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

Name of Employer Nationwide Occupation VP, NWI Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** EMP2010032610534

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **362.30**

**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 25 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael D. Miller

Mailing Address 19905 North 94th Way

City State Zip Code  
Scottsdale AZ 85255-5575

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

Name of Employer Scottsdale Ins Company      Occupation President, Scottsdale Ins Co

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

**Transaction ID:** EMP2010031211204

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Michael D. Miller

Mailing Address 19905 North 94th Way

City State Zip Code  
Scottsdale AZ 85255-5575

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

Name of Employer Scottsdale Ins Company      Occupation President, Scottsdale Ins Co

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

**Transaction ID:** EMP2010032611253

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J. Moyer

Mailing Address 8028 Tillinghast Drive

City State Zip Code  
Dublin OH 43017-8841

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

Name of Employer Nationwide Insurance      Occupation VP, Mergers & Acquisitions

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      207.40

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

**Transaction ID:** EMP2010032610016

Amount of Each Receipt this Period  
30.71

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.71**

**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 26 / 47

(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anne M. Nagy

Mailing Address 746 Matthews Brook Lane

City State Zip Code  
Powell OH 43065-8348

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

Name of Employer Occupation  
Nationwide Insurance VP, Talent Mgmt and Ent L&D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: EMP2010031210617

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Anne M. Nagy

Mailing Address 746 Matthews Brook Lane

City State Zip Code  
Powell OH 43065-8348

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

Name of Employer Occupation  
Nationwide Insurance VP, Talent Mgmt and Ent L&D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: EMP2010032610625

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra L. Neely

Mailing Address 4931 Meadway Drive

City State Zip Code  
New Albany OH 43054-9697

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

Name of Employer Occupation  
Nationwide Insurance SVP, Division General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: EMP2010031210349

Amount of Each Receipt this Period  
75.00

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

175.00

**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 27 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sandra L. Neely  
Mailing Address 4931 Meadway Drive  
City State Zip Code  
New Albany OH 43054-9697  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation SVP, Division General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 03 / 26 / 2010  
Transaction ID: EMP2010032610352  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin G. O'Brien  
Mailing Address 3366 Westbrook Place  
City State Zip Code  
Lewis Center OH 43035-7249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Occupation VP & CFO, Retirement Plans  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 202.50  
Date of Receipt 03 / 26 / 2010  
Transaction ID: EMP2010032611192  
Amount of Each Receipt this Period 33.75

**C.** Full Name (Last, First, Middle Initial)  
Mark A. Pizzi  
Mailing Address 5500 Summerwood Crossing  
City State Zip Code  
Galena OH 43021-8900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation President, COO, NW Insurance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: EMP2010031210183  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.75  
**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 28 / 47  
(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 Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark A. Pizzi

Mailing Address 5500 Summerwood Crossing

City Galena State OH Zip Code 43021-8900

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

Name of Employer Nationwide Insurance Occupation President, COO, NW Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610184  
Amount of Each Receipt this Period 100.00

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

Mailing Address One Miranova Place Suite 2425

City Columbus State OH Zip Code 43215-5080

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

Name of Employer Nationwide Insurance Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210749  
Amount of Each Receipt this Period 192.30

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

Mailing Address One Miranova Place Suite 2425

City Columbus State OH Zip Code 43215-5080

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

Name of Employer Nationwide Insurance Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610754  
Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **484.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 47
	<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 Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathryne Gambrell Reeves		Date of Receipt
	Mailing Address 3933 Farber Court		<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
	City	State	Zip Code
	New Albany	OH	43054-9344
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> EMP2010032611050
Name of Employer Nationwide Insurance		Occupation VP, Strategic Bus Alliances	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 ▼	<input type="text"/> 40.00
		<input type="text"/> 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda M. Roubinek		Date of Receipt
	Mailing Address 326 Shalebrook 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
	City	State	Zip Code
	Powell	OH	43065-9127
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> EMP2010031210803
Name of Employer Nationwide		Occupation AVP, BSA Individual Invstmnt G	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 ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda M. Roubinek		Date of Receipt
	Mailing Address 326 Shalebrook 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
	City	State	Zip Code
	Powell	OH	43065-9127
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> EMP2010032610810
Name of Employer Nationwide		Occupation AVP, BSA Individual Invstmnt G	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 ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 140.00
<b>TOTAL</b> 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 30 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Rouch

Mailing Address 3893 Riverview Drive

City Columbus State OH Zip Code 43221-4911

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

Name of Employer Nationwide Insurance Occupation SVP, Government Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210475  
 Amount of Each Receipt this Period 192.30

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Rouch

Mailing Address 3893 Riverview Drive

City Columbus State OH Zip Code 43221-4911

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

Name of Employer Nationwide Insurance Occupation SVP, Government Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610481  
 Amount of Each Receipt this Period 192.30

**C.** Full Name (Last, First, Middle Initial)  
Steven Robert Schreiber

Mailing Address 16 Brunson Avenue

City Columbus State OH Zip Code 43203-2043

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

Name of Employer Nationwide Insurance Occupation VP, Advertising & Brand Mgmt

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210913  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 434.60

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Steven Robert Schreiberman

Mailing Address 16 Brunson Avenue

City Columbus State OH Zip Code 43203-2043

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

Name of Employer Nationwide Insurance Occupation VP, Advertising & Brand Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610925  
 Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Albert J. Schulman

Mailing Address 867 Clayton Drive

City Worthington State OH Zip Code 43085-3301

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

Name of Employer Nationwide Insurance Occupation VP, Enterprise Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210292  
 Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Albert J. Schulman

Mailing Address 867 Clayton Drive

City Worthington State OH Zip Code 43085-3301

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

Name of Employer Nationwide Insurance Occupation VP, Enterprise Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610294  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 32 / 47  
(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 Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph D. Sprague

Mailing Address 255 Otter Creek Court

City Columbus State OH Zip Code 43235-4420

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

Name of Employer Nationwide Insurance Occupation VP, Relationship Strategies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 12 / 2010  
**Transaction ID:** EMP2010031211091  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph D. Sprague

Mailing Address 255 Otter Creek Court

City Columbus State OH Zip Code 43235-4420

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

Name of Employer Nationwide Insurance Occupation VP, Relationship Strategies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 26 / 2010  
**Transaction ID:** EMP2010032611132  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Stein

Mailing Address 3736 South Three B'S and K Road

City Galena State OH Zip Code 43021

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

Name of Employer Nationwide Occupation VP, Ind Prot Und & Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 12 / 2010  
**Transaction ID:** EMP2010031211116  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 33 / 47

(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey D. Stein

Mailing Address 3736 South Three B'S and K Road

City State Zip Code  
Galena OH 43021

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

Name of Employer Occupation  
Nationwide VP, Ind Prot Und & Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: EMP2010032611157

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Cassandra R. Stiff

Mailing Address 2343 Brown Road

City State Zip Code  
Buford GA 30519-6601

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

Name of Employer Occupation  
Nationwide AVP, EA Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: D061FAA139E62901F37

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael J. Studebaker

Mailing Address 8918 Monifieth Court

City State Zip Code  
Dublin OH 43017-9465

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

Name of Employer Occupation  
Nationwide Director Business Market NRS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.66

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: EMP2010032610018

Amount of Each Receipt this Period  
36.01

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

586.01

**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 34 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark R. Thresher

Mailing Address 180 Thornbury Lane

City Powell State OH Zip Code 43065-9407

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

Name of Employer Nationwide Insurance Occupation EVP, Chief Financial Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210637  
 Amount of Each Receipt this Period 192.30

**B.** Full Name (Last, First, Middle Initial)  
Mark R. Thresher

Mailing Address 180 Thornbury Lane

City Powell State OH Zip Code 43065-9407

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

Name of Employer Nationwide Insurance Occupation EVP, Chief Financial Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** EMP2010032610645  
 Amount of Each Receipt this Period 192.30

**C.** Full Name (Last, First, Middle Initial)  
William Fainter Tucker., Jr.

Mailing Address 714 Matthews Brook Lane

City Powell State OH Zip Code 43065-8348

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

Name of Employer Nationwide Insurance Occupation VP, Field Rltns and Execution

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2010  
**Transaction ID:** EMP2010031210215  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.60**

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

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

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

FOR LINE NUMBER: PAGE 35 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
William Fainter Tucker., Jr.  
Mailing Address 714 Matthews Brook Lane  
City Powell State OH Zip Code 43065-8348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation VP, Field Rltns and Execution  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2010  
Transaction ID: EMP2010032610217  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
David A. Verbance., Jr.  
Mailing Address 13360 Calhoun Court  
City Pickerington State OH Zip Code 43147-9257  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation Investment Leader  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: EMP2010031210807  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
David A. Verbance., Jr.  
Mailing Address 13360 Calhoun Court  
City Pickerington State OH Zip Code 43147-9257  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Insurance Occupation Investment Leader  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2010  
Transaction ID: EMP2010032610814  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**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 36 / 47  
(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 Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Kirt A. Walker

Mailing Address 7227 Waterston

City State Zip Code  
New Albany OH 43054-7126

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

Name of Employer Nationwide Insurance Occupation President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 861.56

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** EMP2010031210022

Amount of Each Receipt this Period  
153.85

**B.**

Full Name (Last, First, Middle Initial)  
Kirt A. Walker

Mailing Address 7227 Waterston

City State Zip Code  
New Albany OH 43054-7126

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

Name of Employer Nationwide Insurance Occupation President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 861.56

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2010

**Transaction ID:** EMP2010032610022

Amount of Each Receipt this Period  
153.85

**C.**

Full Name (Last, First, Middle Initial)  
Scot Zajic

Mailing Address 544 South 6th Street

City State Zip Code  
Columbus OH 43206-1271

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

Name of Employer Nationwide Insurance Occupation AVP, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.56

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** EMP2010031210013

Amount of Each Receipt this Period  
52.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► **359.93**

**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 37 / 47	
	(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

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

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

A.

Full Name (Last, First, Middle Initial) Scot Zajic		Date of Receipt	
Mailing Address 544 South 6th Street		M M / D D / Y Y Y Y 03 / 26 / 2010	
City	State	Zip Code	Transaction ID: EMP2010032610013
Columbus	OH	43206-1271	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		65.29	
Name of Employer Nationwide Insurance	Occupation AVP, Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.56		

SUBTOTAL of Receipts This Page (optional) .....	65.29
TOTAL This Period (last page this line number only) .....	13677.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bob Goodlatte for Congress Committee <hr/> Mailing Address PO Box 292 <hr/> City Roanoke State VA Zip Code 24002 <hr/> Purpose of Disbursement <hr/> Candidate Name Bob Goodlatte <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1B3C33569D5524F30A2 Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2010	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Bocchieri for Congress <hr/> Mailing Address 337 Third Street NW <hr/> City Canton State OH Zip Code 44702 <hr/> Purpose of Disbursement 2010 Primary <hr/> Candidate Name John A. Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8166C8B1B0AF4E2B742 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Brad Miller for United States Congress <hr/> Mailing Address PO Box 10322 <hr/> City Raleigh State NC Zip Code 27605 <hr/> Purpose of Disbursement <hr/> Candidate Name R. Bradley Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A57710BB956A56C3996 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Business-Industry Political Action Committee <hr/> Mailing Address 888 16th Street NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Business-Industry Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: District:	Transaction ID: 4024B199B24C87EF8EF Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: DE District:	Transaction ID: FF721BE016A7085A214 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: ND District: 01	Transaction ID: B1FC67AF9DBAB9ED822 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:</p>	<p><b>Transaction ID:</b> 35CCCAA44AA452EA48</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:</p>	<p><b>Transaction ID:</b> A50C19EE917D0C26D07</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Glacier Pac</p> <p>Mailing Address 3242 Cummins Way Suite 603</p> <p>City Missoula State MT Zip Code 59802</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Glacier Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution</p>	<p><b>Transaction ID:</b> BC182E9223495777C0C</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>

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

**3500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Marcia Fudge for Congress <hr/> Mailing Address 3729 Silsby Rd <hr/> City University Heights State OH Zip Code 44118 <hr/> Purpose of Disbursement <hr/> Candidate Name Marcia L. Fudge <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F7F3A6F9938D70D99C6 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Melissa Bean for Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name Melissa Luburich Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1FE675139302E60122E Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee <hr/> Mailing Address PO Box 54175 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement <hr/> Candidate Name Randy Neugebauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2751086ABAE5E52DE5E Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 47

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement <hr/> Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8AAFB2704ED6101BE64 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B28F647F9E0EDEF1BEB Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 582BB07FE8F14DE3E19 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 47

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement <hr/> Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 7098F2185337513B28B Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement <hr/> Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 3DA77BE3D669440C16D Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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

3000.00

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

20500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Batchelder for Representative <hr/> Mailing Address 105 West Liberty Street <hr/> City Medina State OH Zip Code 44256 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> E5194276E7B75D03DFD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee for Zehringer <hr/> Mailing Address 2191 Oak Street <hr/> City Maria Stein State OH Zip Code 45860 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 6352D9E77884CF3ABC6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Bill Harris <hr/> Mailing Address 1238 Township Road 1506 <hr/> City Ashland State OH Zip Code 44805 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 3DFBECECB4B3DF69AA9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Elect Cliff Hite <hr/> Mailing Address 1455 Timberwood Drive <hr/> City Findlay State OH Zip Code 45840 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1281408529B94E0F240 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Fred Strahorn <hr/> Mailing Address 531 Belemonte Park #1001 <hr/> City Dayton State OH Zip Code 45405 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6245022DA9F48A0DBF1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Snitchler <hr/> Mailing Address 10689 Cleveland Avenue, NW <hr/> City Uniontown State OH Zip Code 44685 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FD3EEC61EF274AF62D4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1850.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect W. Carlton Weddington</p> <p>Mailing Address 75 North Ohio Street</p> <p>City Columbus State OH Zip Code 43203</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E0BBF5CE6C13A8CDC28</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><b>011</b> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bill Coley</p> <p>Mailing Address 8265 Cherry Laurel Drive</p> <p>City Middletown State OH Zip Code 45044</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1A7F73E63D76901E844</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><b>011</b> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bob Hagan</p> <p>Mailing Address 562 Madera Avenue</p> <p>City Youngstown State OH Zip Code 44504</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> FDB5FFA0774233E724D</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><b>011</b> Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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ITEMIZED DISBURSEMENTS**

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Mark Schneider	Transaction ID: CE4DD292B13808FDCB9
	Mailing Address 8914 Trotter Lane, Unit D	Date of Disbursement MM / DD / YYYY 03 / 23 / 2010
	City Mentor State OH Zip Code 44060	Amount of Each Disbursement this Period -500.00
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ohio Lifepac Company/ Aolic	Transaction ID: 126CB6D4868D4DFFF01
	Mailing Address 100 South Third Street	Date of Disbursement MM / DD / YYYY 03 / 26 / 2010
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

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

9150.00