

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

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

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

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

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Cecil Autry

Signature of Treasurer Electronically Filed by Cecil Autry Date 08 06 2009

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

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

A. Form/Schedule : **F3X**

Transaction ID :

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

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33349.07
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	31724.52									
(c) Total Receipts (from Line 19) .....	1414.53	8039.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33139.05	41389.05								
7. Total Disbursements (from Line 31) .....	0.00	8250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33139.05	33139.05								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	839.03	2275.38
(ii) Unitemized .....	575.50	5764.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1414.53	8039.98
(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) .....	1414.53	8039.98
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)) .....	1414.53	8039.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1414.53	8039.98

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	8250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	8250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	8250.00

**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 .....	1414.53	8039.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1414.53	8039.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 18  
(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 and Allied Group Inc. PAC of California

**A.** Full Name (Last, First, Middle Initial)  
Cecil Autry  
Mailing Address 333 Atessa Court  
City Roseville State CA Zip Code 95747-8381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Enterprise Occupation Lead Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00  
Date of Receipt 07 / 02 / 2009  
Transaction ID: EMP2009070210102  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Cecil Autry  
Mailing Address 333 Atessa Court  
City Roseville State CA Zip Code 95747-8381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Enterprise Occupation Lead Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00  
Date of Receipt 07 / 17 / 2009  
Transaction ID: EMP2009071710103  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Cecil Autry  
Mailing Address 333 Atessa Court  
City Roseville State CA Zip Code 95747-8381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Enterprise Occupation Lead Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00  
Date of Receipt 07 / 31 / 2009  
Transaction ID: EMP2009073110102  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2009

**Transaction ID:** EMP2009070210105

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2009

**Transaction ID:** EMP2009071710106

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** EMP2009073110105

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 9745 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8322

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2009

**Transaction ID:** EMP2009070210088

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 9745 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8322

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2009

**Transaction ID:** EMP2009071710088

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 9745 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8322

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** EMP2009073110088

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers		Date of Receipt
	Mailing Address 1929 Eagle Glen Drive		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95661-4025
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, PCRO Claims	<b>Transaction ID:</b> EMP2009070210081
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="320.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers		Date of Receipt
	Mailing Address 1929 Eagle Glen Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95661-4025
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, PCRO Claims	<b>Transaction ID:</b> EMP2009071710081
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="320.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers		Date of Receipt
	Mailing Address 1929 Eagle Glen Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95661-4025
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, PCRO Claims	<b>Transaction ID:</b> EMP2009073110081
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="320.00"/>	<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<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 11 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	<b>Transaction ID:</b> EMP2009070210089
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="260.00"/>	<input type="text" value="5.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	<b>Transaction ID:</b> EMP2009071710089
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="260.00"/>	<input type="text" value="5.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	<b>Transaction ID:</b> EMP2009073110089
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="260.00"/>	<input type="text" value="5.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="15.00"/>
<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 12 / 18  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David A. Koester

Mailing Address 21 Emerald Glen

City Laguna Niguel State CA Zip Code 92677-9371

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

Name of Employer N72B9 Occupation AVP, Trial Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2009

**Transaction ID:** EMP2009070210077

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
David A. Koester

Mailing Address 21 Emerald Glen

City Laguna Niguel State CA Zip Code 92677-9371

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

Name of Employer N72B9 Occupation AVP, Trial Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 17 / 2009

**Transaction ID:** EMP2009071710077

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
David A. Koester

Mailing Address 21 Emerald Glen

City Laguna Niguel State CA Zip Code 92677-9371

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

Name of Employer N72B9 Occupation AVP, Trial Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2009

**Transaction ID:** EMP2009073110077

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jaynealyce Mitchell		Date of Receipt
	Mailing Address 515 Causeway Drive		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sacramento	CA	95831-5776
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA National Account Director	<b>Transaction ID:</b> EMP2009070210091
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="480.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Jaynealyce Mitchell		Date of Receipt
	Mailing Address 515 Causeway Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sacramento	CA	95831-5776
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA National Account Director	<b>Transaction ID:</b> EMP2009071710092
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="480.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Jaynealyce Mitchell		Date of Receipt
	Mailing Address 515 Causeway Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sacramento	CA	95831-5776
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA National Account Director	<b>Transaction ID:</b> EMP2009073110091
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="480.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<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: (check only one)	PAGE 14 / 18
	<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 and Allied Group Inc. PAC of California

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Patrick O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009070210085
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="640.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Patrick O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009071710085
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="640.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Patrick O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009073110085
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="640.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<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 15 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 1778 Herbert Court

City State Zip Code  
Yuba City CA 95993-1654

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

Name of Employer Nationwide Enterprise Occupation Staff Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.98

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** EMP2009070210000

Amount of Each Receipt this Period  
26.44

**B.**

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

Mailing Address 1778 Herbert Court

City State Zip Code  
Yuba City CA 95993-1654

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

Name of Employer Nationwide Enterprise Occupation Staff Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.98

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** EMP2009071710000

Amount of Each Receipt this Period  
21.15

**C.**

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

Mailing Address 1778 Herbert Court

City State Zip Code  
Yuba City CA 95993-1654

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

Name of Employer Nationwide Enterprise Occupation Staff Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.98

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** EMP2009073110000

Amount of Each Receipt this Period  
26.44

**SUBTOTAL** of Receipts This Page (optional) ..... ► **74.03**

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2009070210095
	City Elk Grove	State CA	Zip Code 95758-5111
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
	Name of Employer Nationwide Enterprise	Occupation Claims Manager - Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2009071710096
	City Elk Grove	State CA	Zip Code 95758-5111
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
	Name of Employer Nationwide Enterprise	Occupation Claims Manager - Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2009073110095
	City Elk Grove	State CA	Zip Code 95758-5111
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
	Name of Employer Nationwide Enterprise	Occupation Claims Manager - Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<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 17 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 70 Corte Patencio

City State Zip Code  
Greenbrae CA 94904-1116

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** EMP2009070210093

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 70 Corte Patencio

City State Zip Code  
Greenbrae CA 94904-1116

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** EMP2009071710094

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 70 Corte Patencio

City State Zip Code  
Greenbrae CA 94904-1116

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** EMP2009073110093

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 437 Aria Drive

City State Zip Code  
El Dorado Hills CA 95762-3963

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

Name of Employer N0135 Occupation RVP, Pacific West

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** EMP2009070210075

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 437 Aria Drive

City State Zip Code  
El Dorado Hills CA 95762-3963

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

Name of Employer N0135 Occupation RVP, Pacific West

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** EMP2009071710075

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 437 Aria Drive

City State Zip Code  
El Dorado Hills CA 95762-3963

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

Name of Employer N0135 Occupation RVP, Pacific West

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** EMP2009073110075

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>839.03</b>