

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 09 01 2009 through 09 30 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 10 20 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

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	34078.93									
(c) Total Receipts (from Line 19)	934.59	9914.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35013.52	43263.52								
7. Total Disbursements (from Line 31)	1500.00	9750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33513.52	33513.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

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)	557.59	3395.85
(ii) Unitemized	377.00	6518.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	934.59	9914.45
(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)	934.59	9914.45
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))	934.59	9914.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	934.59	9914.45

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.....	1500.00	9750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1500.00	9750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	9750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 15

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)	934.59	9914.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	934.59	9914.45
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 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 State Zip Code
Roseville CA 95747-8381

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

Name of Employer Occupation
Nationwide Enterprise Lead Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: EMP2009091110102

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Cecil Autry

Mailing Address 333 Atessa Court

City State Zip Code
Roseville CA 95747-8381

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

Name of Employer Occupation
Nationwide Enterprise Lead Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: EMP2009092510100

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 4706 Village Green Drive

City State Zip Code
El Dorado Hills CA 95762-7674

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: EMP2009091110105

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 15	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert A. Biló		Date of Receipt	
	Mailing Address 4706 Village Green Drive		M M / D D / Y Y Y Y 09 / 25 / 2009	
	City	State	Zip Code	Transaction ID: EMP2009092510103
	El Dorado Hills	CA	95762-7674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer California Work At HOM		Occupation Regional Vice President - NRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt	
	Mailing Address 9745 Summer Glen Way		M M / D D / Y Y Y Y 09 / 11 / 2009	
	City	State	Zip Code	Transaction ID: EMP2009091110088
	Elk Grove	CA	95757-8322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt	
	Mailing Address 9745 Summer Glen Way		M M / D D / Y Y Y Y 09 / 25 / 2009	
	City	State	Zip Code	Transaction ID: EMP2009092510086
	Elk Grove	CA	95757-8322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

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

A.	Full Name (Last, First, Middle Initial) Randy M. Eggers		Date of Receipt
	Mailing Address 1929 Eagle Glen Drive		<input type="text" value="09"/> / <input type="text" value="11"/> / <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	Transaction ID: EMP2009091110081
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Randy M. Eggers		Date of Receipt
	Mailing Address 1929 Eagle Glen Drive		<input type="text" value="09"/> / <input type="text" value="25"/> / <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	Transaction ID: EMP2009092510079
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text" value="09"/> / <input type="text" value="11"/> / <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	Transaction ID: EMP2009091110089
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="5.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A.

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

Mailing Address 9341 Moondancer Circle

City State Zip Code
Roseville CA 95747-7114

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

Name of Employer Occupation
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: EMP2009092510087

Amount of Each Receipt this Period
5.00

B.

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

Mailing Address 21 Emerald Glen

City State Zip Code
Laguna Niguel CA 92677-9371

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

Name of Employer Occupation
N72B9 AVP, Trial Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: EMP2009091110077

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 21 Emerald Glen

City State Zip Code
Laguna Niguel CA 92677-9371

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

Name of Employer Occupation
N72B9 AVP, Trial Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: EMP2009092510075

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 15
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jaynealyce Mitchell

Mailing Address 515 Causeway Drive

City State Zip Code
Sacramento CA 95831-5776

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

Name of Employer California Work At HOM Occupation IA National Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: EMP2009091110091

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Jaynealyce Mitchell

Mailing Address 515 Causeway Drive

City State Zip Code
Sacramento CA 95831-5776

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

Name of Employer California Work At HOM Occupation IA National Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: EMP2009092510089

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Robert Patrick O'Hollearn

Mailing Address 1005 Hutley Way

City State Zip Code
Granite Bay CA 95746-7160

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

Name of Employer Nationwide Enterprise Occupation RVP, Pacific Coast

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: EMP2009091110085

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

A. Full Name (Last, First, Middle Initial)
Robert Patrick O'Hollearn

Mailing Address 1005 Hutley Way

City State Zip Code
Granite Bay CA 95746-7160

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

Name of Employer Occupation
Nationwide Enterprise RVP, Pacific Coast

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: EMP2009092510083

Amount of Each Receipt this Period
40.00

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

Mailing Address 1778 Herbert Court

City State Zip Code
Yuba City CA 95993-1654

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

Name of Employer Occupation
Nationwide Enterprise Staff Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 476.45

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: EMP2009091110000

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 Occupation
Nationwide Enterprise Staff Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 476.45

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: EMP2009092510000

Amount of Each Receipt this Period
26.44

SUBTOTAL of Receipts This Page (optional) ► **87.59**

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

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

A.	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt
	Mailing Address 4809 Careyback Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2009
	City	State	Zip Code
	Elk Grove	CA	95758-5111
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009091110095
Name of Employer Nationwide Enterprise		Occupation Claims Manager - Field	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"/> 300.00	<input type="text"/> 15.00

B.	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt
	Mailing Address 4809 Careyback Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2009
	City	State	Zip Code
	Elk Grove	CA	95758-5111
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009092510093
Name of Employer Nationwide Enterprise		Occupation Claims Manager - Field	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"/> 300.00	<input type="text"/> 15.00

C.	Full Name (Last, First, Middle Initial) Todd Squiers		Date of Receipt
	Mailing Address 70 Corte Patencio		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2009
	City	State	Zip Code
	Greenbrae	CA	94904-1116
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009091110093
Name of Employer California Work At HOM		Occupation NBH Bus Dev Consultant	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"/> 500.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 55.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 15
(check only one)

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

Mailing Address 70 Corte Patencio

City State Zip Code
Greenbrae CA 94904-1116

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: EMP2009092510091

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 Occupation
N0135 RVP, Pacific West

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: EMP2009091110075

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 437 Aria Drive

City State Zip Code
El Dorado Hills CA 95762-3963

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

Name of Employer Occupation
N0135 RVP, Pacific West

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: EMP2009092510075

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) ► **557.59**

**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 15 / 15

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Taxpayers for Roger Niello for Senate 2012

Mailing Address 8740 Curragh Downs Drive

City State Zip Code
Fair Oaks CA 95628

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 5A6B32609CFEE25B442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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