Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Nationwide Mutual Insurance Company Political Action Committee One Nationwide Plaza ADDRESS (number and street) 1-32-301 (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@nationwide.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00076174 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. English, Steven, , , Type or Print Name of Treasurer English, Steven, , , [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	raye <b>z</b>
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Daniel and the
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Nationwide Mut	ual Insurance Company Political Action Con	nmittee
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Nationwide		
Mailing Address	One Nationwide Plaza	
	Columbus OH 43215	
	CITY STATE ZIF	CODE
Relationship: <b>x</b> Connected		rship PAC Sponsor
Relationship.	Conganization Anniated Committee John Fundralsing Representative Leader	iship i Ac Sporisor
<ol> <li>Custodian of Records: Identification books and records.</li> <li>Locke, Elle</li> </ol>	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name		
Mailing Address	One Nationwide Plaza, 1-32-301	
	Columbus OH 43215	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records		7 – 9590
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name English, St	even, , ,	1
of Treasurer	One Nationwide Plaza	
Mailing Address		
	1-32-301	
	Columbus OH 43215  CITY STATE ZIP	CODE
Title or Position , Treasurer	. 614 249	7725 .

Telephone number

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Full Name of Designated Agent	Palmer, Eleanor, , ,	<u> </u>					
Mailing Address	One Nationwide Plaza, 1-32-102						
	Columbus OH 43215 CITY STATE Z	IP CODE					
Title or Position Assistant Treast	urer Telephone number 614 - 67	77 6330					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
	Huntington National Bank						
Mailing Address	41 South High Street						
	HC0810						
	Columbus OH 43215						
	CITY STATE Z	ZIP CODE					
Name of Bank, [	Depository, etc.						
Mailing Address							
	CITY STATE Z	ZIP CODE					

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.	 	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
Nationwide Mutu	al Insurance Company Financial & Ir	nvestments Politic	cal Action Committee
l			
Mailing Address	One Nationwide Plaza, 1-32-404		
	Columbus	OH	43215
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite of the deposite boxes or market boxes or	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the state of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the state of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A