

# 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 10 01 2007 through 10 31 2007

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 11 15 2007

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

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		17985.50
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	25279.50									
(c) Total Receipts (from Line 19) .....	727.00	8021.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26006.50	26006.50								
7. Total Disbursements (from Line 31) .....	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26006.50	26006.50								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	615.00	3400.00
(i) Itemized (use Schedule A) .....	112.00	4621.00
(ii) Unitemized .....	727.00	8021.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	727.00	8021.00
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)) .....	727.00	8021.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	727.00	8021.00

**DETAILED SUMMARY PAGE**

of Disbursements

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	0.00
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	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	727.00	8021.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	727.00	8021.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Cheryl Bryant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 12658 Princeton Drive		<b>Transaction ID:</b> EMP2007101210128	
City State Zip Code Auburn CA 95603-2982	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation HR Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Cheryl Bryant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 341 Riverview Drive		<b>Transaction ID:</b> EMP2007102610127	
City State Zip Code Auburn CA 95603-5731	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation HR Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9761 Summer Glen Way		<b>Transaction ID:</b> EMP2007101210129	
City State Zip Code Elk Grove CA 95757-8323	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 550.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9761 Summer Glen Way		<b>Transaction ID:</b> EMP2007102610128	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Fischl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9341 Moondancer Circle		<b>Transaction ID:</b> EMP2007101210130	
City Roseville	State CA	Zip Code 95747-7114	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Allied Reg Marketing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Fischl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9341 Moondancer Circle		<b>Transaction ID:</b> EMP2007102610129	
City Roseville	State CA	Zip Code 95747-7114	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Allied Reg Marketing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jim Hanley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3032 Beechwood Court		<b>Transaction ID:</b> EMP2007101210135	
City State Zip Code Fairfield CA 94533-7731	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Manager, Loss Control		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jim Hanley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3032 Beechwood Court		<b>Transaction ID:</b> EMP2007102610134	
City State Zip Code Fairfield CA 94533-7731	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Manager, Loss Control		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Larsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3531 Hunters Circle		<b>Transaction ID:</b> EMP2007101210138	
City State Zip Code Napa CA 94558-4170	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Insurance	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 16						
	(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

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

Full Name (Last, First, Middle Initial) <b>A. James Larsen</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 4034 Southwest 98th Terrace		<b>Transaction ID:</b> EMP2007102610137
City State Zip Code Gainesville FL 32608-4662	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Nationwide Insurance	Occupation P/C Sales Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Erich Lutkemuller</b>		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 3105 Strand Road		<b>Transaction ID:</b> EMP2007101210122
City State Zip Code Rocklin CA 95765-4319	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Nationwide Enterprse	Occupation Claims Officer-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Erich Lutkemuller</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 3105 Strand Road		<b>Transaction ID:</b> EMP2007102610122
City State Zip Code Rocklin CA 95765-4319	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Nationwide Enterprse	Occupation Claims Officer-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael McKeever</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4252 Mockingbird Street		<b>Transaction ID:</b> EMP2007101210119	
City State Zip Code Fair Oaks CA 95628-6355	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Associate Claims Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. Michael McKeever</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4252 Mockingbird Street		<b>Transaction ID:</b> EMP2007102610119	
City State Zip Code Fair Oaks CA 95628-6355	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Associate Claims Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. Robert O'Hollearn</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1005 Hutley Way		<b>Transaction ID:</b> EMP2007101210124	
City State Zip Code Granite Bay CA 95746-7160	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 16
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Robert O'Hollearn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1005 Hutley Way		<b>Transaction ID:</b> EMP2007102610124	
City State Zip Code Granite Bay CA 95746-7160	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nationwide Enterprise	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Melody Rivas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2007101210134	
City State Zip Code Elk Grove CA 95758-5111	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N0135	Occupation Claims Manager - Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Melody Rivas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2007102610133	
City State Zip Code Elk Grove CA 95758-5111	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N0135	Occupation Claims Manager - Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<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)  
Scott Schoenborn

Mailing Address 1573 Vista Ridge Way

City State Zip Code  
Roseville CA 95661-4018

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

Name of Employer Occupation  
Nationwide Enterprise VP, PCRO Underwriting-Allied

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: EMP2007101210111

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Scott Schoenborn

Mailing Address 1573 Vista Ridge Way

City State Zip Code  
Roseville CA 95661-4018

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

Name of Employer Occupation  
Nationwide Enterprise VP, PCRO Underwriting-Allied

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: EMP2007102610111

Amount of Each Receipt this Period  
35.00

**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 Occupation  
California Work At HOM NBH Bus Dev Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: EMP2007101210137

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **95.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<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)  
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 ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** EMP2007102610136

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Russell Tabbert

Mailing Address 2265 Heritage Drive

City State Zip Code  
Roseville CA 95678-3412

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

Name of Employer Occupation  
Nationwide Enterprse Claims Director - Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** EMP2007101210126

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Russell Tabbert

Mailing Address 2265 Heritage Drive

City State Zip Code  
Roseville CA 95678-3412

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

Name of Employer Occupation  
Nationwide Enterprse Claims Director - Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** EMP2007102610126

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A. Rick Thomas</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1344 Muscat Circle		<b>Transaction ID: EMP2007101210127</b>	
City State Zip Code Roseville CA 95747-7282	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation CL Underwriting Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. Beth Trotter</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3380 Swallows Nest Lane		<b>Transaction ID: EMP2007101210117</b>	
City State Zip Code Sacramento CA 95833-9611	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>C. Beth Trotter</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3380 Swallows Nest Lane		<b>Transaction ID: EMP2007102610117</b>	
City State Zip Code Sacramento CA 95833-9611	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 16
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Brett Tupps		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 437 Aria Drive		<b>Transaction ID:</b> EMP2007102610114
City State Zip Code El Dorado Hills CA 95762-3963	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N0135	Occupation Regional VP - Western Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Valentine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8130 Walnut Villa Way		<b>Transaction ID:</b> EMP2007101210132
City State Zip Code Fair Oaks CA 95628-2775	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nationwide Enterprise	Occupation Director - Sponsor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Valentine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 8130 Walnut Villa Way		<b>Transaction ID:</b> EMP2007102610131
City State Zip Code Fair Oaks CA 95628-2775	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nationwide Enterprise	Occupation Director - Sponsor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 16
	(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)  
Ursula Whitfield

Mailing Address 2081 Shropshire Street

City State Zip Code  
Roseville CA 95747-4951

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

Name of Employer California Work At HOM Occupation IA Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

**Transaction ID:** EMP2007101210136

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Ursula Whitfield

Mailing Address 2081 Shropshire Street

City State Zip Code  
Roseville CA 95747-4951

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

Name of Employer California Work At HOM Occupation IA Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2007

**Transaction ID:** EMP2007102610135

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	615.00