

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 (12S)
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 2010 through 07 31 2010

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 20 2010

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	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35266.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	36469.93									
(c) Total Receipts (from Line 19)	1426.00	7129.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37895.93	42395.93								
7. Total Disbursements (from Line 31)	0.00	4500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37895.93	37895.93								
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

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	757.50	1876.00
(ii) Unitemized	668.50	5253.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1426.00	7129.71
(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)	1426.00	7129.71
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))	1426.00	7129.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1426.00	7129.71

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	4500.00
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	4500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	4500.00

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	1426.00	7129.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1426.00	7129.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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

A.	Full Name (Last, First, Middle Initial) Cecil Autry		Date of Receipt MM / DD / YYYY 07 / 02 / 2010		
	Mailing Address 333 Atessa Court		Transaction ID: EMP2010070210092		
	City Roseville	State CA	Zip Code 95747-8381	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nationwide Enterprise	Occupation AVP, Regional Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

B.	Full Name (Last, First, Middle Initial) Cecil Autry		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 333 Atessa Court		Transaction ID: EMP2010071610092		
	City Roseville	State CA	Zip Code 95747-8381	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nationwide Enterprise	Occupation AVP, Regional Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

C.	Full Name (Last, First, Middle Initial) Cecil Autry		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 333 Atessa Ct		Transaction ID: EMP2010073010091		
	City Roseville	State CA	Zip Code 95747-8381	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nationwide Enterprise	Occupation AVP, Regional Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

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 8 / 17
	(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) Robert A. Biló		Date of Receipt MM / DD / YYYY 07 / 02 / 2010		
	Mailing Address 4706 Village Green Drive		Transaction ID: EMP2010070210096		
	City El Dorado Hills	State CA	Zip Code 95762-7674	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Robert A. Biló		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 4706 Village Green Drive		Transaction ID: EMP2010071610096		
	City El Dorado Hills	State CA	Zip Code 95762-7674	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Robert A. Biló		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 4706 Village Green Dr		Transaction ID: EMP2010073010095		
	City El Dorado Hills	State CA	Zip Code 95762-7674	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 375.00			

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 9 / 17
	<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) Linda L. Coleman		Date of Receipt
	Mailing Address 9745 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 02 / 2010
	City	State	Zip Code
	Elk Grove	CA	95757-8322
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2010070210075
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	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 ▼ 375.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt
	Mailing Address 9745 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2010
	City	State	Zip Code
	Elk Grove	CA	95757-8322
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2010071610076
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	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 ▼ 375.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt
	Mailing Address 9745 Summer Glen Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2010
	City	State	Zip Code
	Elk Grove	CA	95757-8322
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2010073010076
Name of Employer Nationwide Enterprise		Occupation Specialist, Process Mgmt	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 ▼ 375.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 / 17
(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 ▼ 375.00

Date of Receipt 07 / 02 / 2010

Transaction ID: EMP2010070210064

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 ▼ 375.00

Date of Receipt 07 / 16 / 2010

Transaction ID: EMP2010071610065

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 21 Emerald Gln

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 ▼ 375.00

Date of Receipt 07 / 30 / 2010

Transaction ID: EMP2010073010065

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 11 / 17
(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 Occupation
California Work At HOM AVP, National Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: EMP2010070210078

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 Occupation
California Work At HOM AVP, National Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: EMP2010071610079

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 515 Causeway Dr

City State Zip Code
Sacramento CA 95831-5776

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

Name of Employer Occupation
California Work At HOM AVP, National Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: EMP2010073010079

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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 / 17
(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: Nationwide Enterprise Occupation: RVP, Pacific Coast

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: EMP2010070210071
Amount of Each Receipt this Period: 40.00

B.

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 ▼ 600.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: EMP2010071610072
Amount of Each Receipt this Period: 40.00

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 ▼ 600.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: EMP2010073010072
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 13 / 17
(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)
Margaret Ann 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 ▼ 363.21

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: EMP2010070210000

Amount of Each Receipt this Period
27.50

B. Full Name (Last, First, Middle Initial)
Margaret Ann 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 ▼ 363.21

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: EMP2010071610000

Amount of Each Receipt this Period
27.50

C. Full Name (Last, First, Middle Initial)
Margaret Ann Piercy

Mailing Address 1778 Herbert Ct

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 ▼ 363.21

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: EMP2010073010000

Amount of Each Receipt this Period
27.50

SUBTOTAL of Receipts This Page (optional) ► **82.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 17
(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)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City Elk Grove State CA Zip Code 95758-5111

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

Name of Employer Nationwide Enterprise Occupation Claims Manager - Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 16 / 2010
Transaction ID: EMP2010071610083
 Amount of Each Receipt this Period 15.00

B.

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

Mailing Address 70 Corte Patencio

City Greenbrae State CA Zip Code 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 ▼ 375.00

Date of Receipt 07 / 02 / 2010
Transaction ID: EMP2010070210081
 Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 70 Corte Patencio

City Greenbrae State CA Zip Code 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 ▼ 375.00

Date of Receipt 07 / 16 / 2010
Transaction ID: EMP2010071610082
 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: (check only one)	PAGE 15 / 17
	<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		Date of Receipt
	Mailing Address 70 Corte Patencio		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Greenbrae	CA	94904-1116
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation NBH Bus Dev Consultant	Transaction ID: EMP2010073010082
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="375.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N0135		Occupation RVP, Pacific West	Transaction ID: EMP2010070210062
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="375.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N0135		Occupation RVP, Pacific West	Transaction ID: EMP2010071610063
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="375.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
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 16 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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		Date of Receipt																					
	Mailing Address 437 Aria Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	0		2	0	1	0														
	City State Zip Code El Dorado Hills CA 95762-3963		Transaction ID: EMP2010073010063																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																					
Name of Employer N0135		Occupation RVP, Pacific West																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00																						

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	757.50

**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 17 / 17

<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) Gains for Senate 2012 <hr/> Mailing Address 1127 11th Street, Suite 310 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7F784E350FE35307DB0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/Type 011
B. Full Name (Last, First, Middle Initial) Price for Senate 2010 <hr/> Mailing Address 1212 South Victory Blvd. <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement 2010 Primary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0A8DB4B59F7E96E5166 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period -1500.00 <hr/> Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

0.00