

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 Sacramento CA 95815 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2009 through 11 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 12 17 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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

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	34447.09									
(c) Total Receipts (from Line 19)	939.88	11787.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35386.97	45136.97								
7. Total Disbursements (from Line 31)	1500.00	11250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33886.97	33886.97								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

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)	862.88	5115.30
(ii) Unitemized	77.00	6672.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	939.88	11787.90
(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)	939.88	11787.90
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))	939.88	11787.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	939.88	11787.90

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	11250.00
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	11250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	11250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	939.88	11787.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	939.88	11787.90
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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Cecil Autry
Mailing Address 333 Atessa Court
City Roseville State CA Zip Code 95747-8381
FEC ID number of contributing federal political committee. **C**
Name of Employer Nationwide Enterprise Occupation AVP, Regional Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 11 / 06 / 2009
Transaction ID: EMP2009110610096
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Cecil Autry
Mailing Address 333 Atessa Court
City Roseville State CA Zip Code 95747-8381
FEC ID number of contributing federal political committee. **C**
Name of Employer Nationwide Enterprise Occupation AVP, Regional Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 11 / 20 / 2009
Transaction ID: EMP2009112010094
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Robert A. Bilo
Mailing Address 4706 Village Green Drive
City El Dorado Hills State CA Zip Code 95762-7674
FEC ID number of contributing federal political committee. **C**
Name of Employer California Work At HOM Occupation Regional Vice President - NRS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 11 / 06 / 2009
Transaction ID: EMP2009110610099
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 / 25
(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

<p>A. Full Name (Last, First, Middle Initial) Robert A. Bilo</p> <p>Mailing Address 4706 Village Green Drive</p> <p>City State Zip Code El Dorado Hills CA 95762-7674</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation California Work At HOM Regional Vice President - NRS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 11 / 20 / 2009</p> <p>Transaction ID: EMP2009112010097</p> <p>Amount of Each Receipt this Period 25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Cheryl K. Bryant</p> <p>Mailing Address 341 Riverview Drive</p> <p>City State Zip Code Auburn CA 95603-5731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nationwide Enterprise HR Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 11 / 06 / 2009</p> <p>Transaction ID: EMP2009110610081</p> <p>Amount of Each Receipt this Period 10.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Cheryl K. Bryant</p> <p>Mailing Address 341 Riverview Drive</p> <p>City State Zip Code Auburn CA 95603-5731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nationwide Enterprise HR Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 11 / 20 / 2009</p> <p>Transaction ID: EMP2009112010079</p> <p>Amount of Each Receipt this Period 10.00</p>
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SUBTOTAL of Receipts This Page (optional)	45.00
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 / 25
	<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 MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 9745 Summer Glen Way		Transaction ID: EMP2009110610082
	City Elk Grove	State CA	Zip Code 95757-8322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Linda L. Coleman		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 9745 Summer Glen Way		Transaction ID: EMP2009112010080
	City Elk Grove	State CA	Zip Code 95757-8322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Roxanne E. Cornelison		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 1312 Zinfandel Court		Transaction ID: EMP2009110610090
	City Roseville	State CA	Zip Code 95747-7277
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Nationwide Enterprise	Occupation Commercial Und Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 25
(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)
Roxanne E. Cornelison

Mailing Address 1312 Zinfandel Court

City State Zip Code
Roseville CA 95747-7277

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

Name of Employer Occupation
Nationwide Enterprise Commercial Und Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010088

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Randy M. Eggers

Mailing Address 1929 Eagle Glen Drive

City State Zip Code
Roseville CA 95661-4025

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610075

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Randy M. Eggers

Mailing Address 1929 Eagle Glen Drive

City State Zip Code
Roseville CA 95661-4025

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

Name of Employer Occupation
Nationwide Enterprise AVP, PCRO Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010073

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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 / 25
(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)
Laura Kerrigan Elkins

Mailing Address 5350 Butterfield Street

City State Zip Code
Camarillo CA 93012-4134

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

Name of Employer N72C2 Occupation Associate Claims Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: EMP2009110610092

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Laura Kerrigan Elkins

Mailing Address 5350 Butterfield Street

City State Zip Code
Camarillo CA 93012-4134

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

Name of Employer N72C2 Occupation Associate Claims Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: EMP2009112010090

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Debbie Evans

Mailing Address Unit 15 1675 Vernon Street

City State Zip Code
Roseville CA 95678

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

Name of Employer California Work At HOM Occupation IA Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: EMP2009110610093

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 12 / 25
	<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) Debbie Evans		Date of Receipt
	Mailing Address Unit 15 1675 Vernon Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Roseville	CA	95678
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009112010091
Name of Employer California Work At HOM		Occupation IA Sales Manager	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 ▼ 240.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009110610083
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	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 ▼ 300.00	<input type="text"/> 5.00

C.	Full Name (Last, First, Middle Initial) John D. Fischl		Date of Receipt
	Mailing Address 9341 Moondancer Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Roseville	CA	95747-7114
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009112010081
Name of Employer Nationwide Enterprise		Occupation AVP, IA Regional Sales	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 ▼ 300.00	<input type="text"/> 5.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 20.00
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: (check only one)	PAGE 13 / 25
	<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) Rachel Gonzales Garcia		Date of Receipt
	Mailing Address 8841 Sheldon Creek Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Elk Grove	CA	95624-3278
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009110610097
Name of Employer Nationwide Enterprise		Occupation Underwriter, Personal Lines	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"/>
		<input type="text"/> 240.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) Rachel Gonzales Garcia		Date of Receipt
	Mailing Address 8841 Sheldon Creek Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Elk Grove	CA	95624-3278
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009112010095
Name of Employer Nationwide Enterprise		Occupation Underwriter, Personal Lines	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"/>
		<input type="text"/> 240.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) Terrianna Green-Weekes		Date of Receipt
	Mailing Address 1025 Audrey Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Roseville	CA	95661-4403
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009110610094
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"/>
		<input type="text"/> 240.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
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: (check only one)	PAGE 14 / 25
	<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) Terrianna Green-Weekes		Date of Receipt
	Mailing Address 1025 Audrey Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Roseville	CA	95661-4403
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009112010092
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"/> 240.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) Steve Haas		Date of Receipt
	Mailing Address 8851 Sawtelle Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Sacramento	CA	95826-2152
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009110610095
Name of Employer California Work At HOM		Occupation Consultant, HR Associate Rels	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"/> 240.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) Steve Haas		Date of Receipt
	Mailing Address 8851 Sawtelle Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Sacramento	CA	95826-2152
	FEC ID number of contributing federal political committee. C		Transaction ID: EMP2009112010093
Name of Employer California Work At HOM		Occupation Consultant, HR Associate Rels	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"/> 240.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
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 15 / 25
(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"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
James D. Keeler

Mailing Address 17 Colby Court

City State Zip Code
Sacramento CA 95825-7005

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

Name of Employer California Work At HOM Occupation Retirement Svcs Program Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610100

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
James D. Keeler

Mailing Address 17 Colby Court

City State Zip Code
Sacramento CA 95825-7005

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

Name of Employer California Work At HOM Occupation Retirement Svcs Program Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010098

Amount of Each Receipt this Period
10.00

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 N72B9 Occupation AVP, Trial Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610071

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 16 / 25
	<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) David A. Koester		Date of Receipt
	Mailing Address 21 Emerald Glen		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Laguna Niguel	CA	92677-9371
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009112010069
		Amount of Each Receipt this Period	<input type="text"/>
			25.00
Name of Employer N72B9		Occupation AVP, Trial Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			600.00

B.	Full Name (Last, First, Middle Initial) Erich H. Lutkemuller		Date of Receipt
	Mailing Address 3105 Strand Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rocklin	CA	95765-4319
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009110610077
		Amount of Each Receipt this Period	<input type="text"/>
			10.00
Name of Employer Nationwide Enterprse		Occupation Claims Technical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			240.00

C.	Full Name (Last, First, Middle Initial) Erich H. Lutkemuller		Date of Receipt
	Mailing Address 3105 Strand Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rocklin	CA	95765-4319
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009112010075
		Amount of Each Receipt this Period	<input type="text"/>
			10.00
Name of Employer Nationwide Enterprse		Occupation Claims Technical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			240.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
	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 17 / 25

(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)

Michael D. McKeever

Mailing Address 4252 Mockingbird Street

City	State	Zip Code
Fair Oaks	CA	95628-6355

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

Name of Employer Nationwide Enterprise	Occupation CA Commercial Claims Consult
-------------------------------------------	--------------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: EMP2009110610074

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)

Michael D. McKeever

Mailing Address 4252 Mockingbird Street

City	State	Zip Code
Fair Oaks	CA	95628-6355

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

Name of Employer Nationwide Enterprise	Occupation CA Commercial Claims Consult
-------------------------------------------	--------------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: EMP2009112010072

Amount of Each Receipt this Period
10.00

C.

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 AVP, National Agencies
--------------------------------------------	--------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: EMP2009110610085

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)

50.00

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 18 / 25
	<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		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 515 Causeway Drive		Transaction ID: EMP2009112010083
	City Sacramento	State CA	Zip Code 95831-5776
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer California Work At HOM	Occupation AVP, National Agencies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Robert Patrick O'Hollearn		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 1005 Hutley Way		Transaction ID: EMP2009110610079
	City Granite Bay	State CA	Zip Code 95746-7160
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Nationwide Enterprise	Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

C.	Full Name (Last, First, Middle Initial) Robert Patrick O'Hollearn		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 1005 Hutley Way		Transaction ID: EMP2009112010077
	City Granite Bay	State CA	Zip Code 95746-7160
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Nationwide Enterprise	Occupation RVP, Pacific Coast	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	▶	110.00
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 19 / 25
	<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) Kevin M. Okelberry		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 708 Murray Way		Transaction ID: EMP2009110610080
	City Roseville	State CA	Zip Code 95678-1247
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Nationwide Enterprise	Occupation AVP, IA Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Kevin M. Okelberry		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 708 Murray Way		Transaction ID: EMP2009112010078
	City Roseville	State CA	Zip Code 95678-1247
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Nationwide Enterprise	Occupation AVP, IA Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Margie Piercy		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 1778 Herbert Court		Transaction ID: EMP2009110610000
	City Yuba City	State CA	Zip Code 95993-1654
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.44
	Name of Employer Nationwide Enterprise	Occupation Staff Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.90	

SUBTOTAL of Receipts This Page (optional)	▶	46.44
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 20 / 25
(check only one)

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

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

A.

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

Mailing Address 1778 Herbert Court

City State Zip Code
Yuba City CA 95993-1654

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

Name of Employer Occupation
Nationwide Enterprise Staff Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.90

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010000

Amount of Each Receipt this Period
26.44

B.

Full Name (Last, First, Middle Initial)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City State Zip Code
Elk Grove CA 95758-5111

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

Name of Employer Occupation
Nationwide Enterprise Claims Manager - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610089

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Melody Rivas

Mailing Address 4809 Careyback Avenue

City State Zip Code
Elk Grove CA 95758-5111

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

Name of Employer Occupation
Nationwide Enterprise Claims Manager - Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010087

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 56.44

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 21 / 25
	(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) Henry R. Rolph		Date of Receipt
	Mailing Address 160 Seminary Drive Unit 1E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Mill Valley	CA	94941-3107
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009110610072
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10.00	
Name of Employer N72F4		Occupation Trial Attorney IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Henry R. Rolph		Date of Receipt
	Mailing Address 160 Seminary Drive Unit 1E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Mill Valley	CA	94941-3107
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009112010070
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10.00	
Name of Employer N72F4		Occupation Trial Attorney IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) Athan M. Shinas		Date of Receipt
	Mailing Address 2688 Bickleigh Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Roseville	CA	95747-8854
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2009110610098
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10.00	
Name of Employer N0135		Occupation Regional Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
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 22 / 25
(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)
Athan M. Shinas

Mailing Address 2688 Bickleigh Loop

City State Zip Code
Roseville CA 95747-8854

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

Name of Employer N0135 Occupation Regional Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010096

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 70 Corte Patencio

City State Zip Code
Greenbrae CA 94904-1116

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610087

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 70 Corte Patencio

City State Zip Code
Greenbrae CA 94904-1116

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010085

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 25
(check only one)

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

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

A.

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

Mailing Address 437 Aria Drive

City State Zip Code
El Dorado Hills CA 95762-3963

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

Name of Employer N0135 Occupation RVP, Pacific West

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610069

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 437 Aria Drive

City State Zip Code
El Dorado Hills CA 95762-3963

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

Name of Employer N0135 Occupation RVP, Pacific West

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: EMP2009112010067

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
John P. Valentine

Mailing Address 8130 Walnut Villa Way

City State Zip Code
Fair Oaks CA 95628-2775

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

Name of Employer Nationwide Enterprise Occupation Director - Sponsor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: EMP2009110610086

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 25
	<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	

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) John P. Valentine		Date of Receipt
	Mailing Address 8130 Walnut Villa Way		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fair Oaks	CA	95628-2775
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation Director - Sponsor Relations	Transaction ID: EMP2009112010084
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="240.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Ursula Renee Whitfield		Date of Receipt
	Mailing Address 2081 Shropshire Street		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95747-4951
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA Sales Director	Transaction ID: EMP2009110610091
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="240.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Ursula Renee Whitfield		Date of Receipt
	Mailing Address 2081 Shropshire Street		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roseville	CA	95747-4951
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer California Work At HOM		Occupation IA Sales Director	Transaction ID: EMP2009112010089
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="240.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="862.88"/>

**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 25 / 25

<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 Rod Wright

Mailing Address P.O. Box 8542

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 68DBDBB4CF5303F9C13

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

1500.00