

# 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 11 04 2008 in the State of 0

5. Covering Period 10 16 2008 through 11 24 2008

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 03 2008

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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		27406.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	30573.22									
(c) Total Receipts (from Line 19) .....	1698.51	12165.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	32271.73	39571.73								
7. Total Disbursements (from Line 31) .....	0.00	7300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32271.73	32271.73								
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
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	1082.01	5059.95
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	616.50	7105.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1698.51	12165.23
(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) .....	1698.51	12165.23
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)) .....	1698.51	12165.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1698.51	12165.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(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	7300.00
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	7300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	7300.00

**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 .....	1698.51	12165.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1698.51	12165.23
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 6 / 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)  
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 Lead Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 24 / 2008

**Transaction ID:** EMP2008102410115

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 Lead Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 07 / 2008

**Transaction ID:** EMP2008110710113

Amount of Each Receipt this Period 20.00

**C.**

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 Lead Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 21 / 2008

**Transaction ID:** EMP2008112110113

Amount of Each Receipt this Period 20.00

**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 7 / 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)  
Robert A. Bilo

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** EMP2008102410118

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

**Transaction ID:** EMP2008110710116

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 4706 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762-7674

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** EMP2008112110116

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: (check only one)	PAGE 8 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cheryl K. Bryant		Date of Receipt
	Mailing Address 341 Riverview Drive		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Auburn	CA	95603-5731
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation HR Director	<b>Transaction ID:</b> EMP2008102410096
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>B.</b>	Full Name (Last, First, Middle Initial) Cheryl K. Bryant		Date of Receipt
	Mailing Address 341 Riverview Drive		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Auburn	CA	95603-5731
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation HR Director	<b>Transaction ID:</b> EMP2008110710095
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>C.</b>	Full Name (Last, First, Middle Initial) Cheryl K. Bryant		Date of Receipt
	Mailing Address 341 Riverview Drive		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Auburn	CA	95603-5731
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation HR Director	<b>Transaction ID:</b> EMP2008112110095
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 9 / 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)  
Linda L. Coleman

Mailing Address 9761 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8323

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 8

**Transaction ID:** EMP2008102410097

Amount of Each Receipt this Period  
 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Linda L. Coleman

Mailing Address 9761 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8323

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 8

**Transaction ID:** EMP2008110710096

Amount of Each Receipt this Period  
 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda L. Coleman

Mailing Address 9761 Summer Glen Way

City Elk Grove State CA Zip Code 95757-8323

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

Name of Employer Nationwide Enterprise Occupation Specialist, Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 8

**Transaction ID:** EMP2008112110096

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 10 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 1929 Eagle Glen Drive	<b>Transaction ID:</b> EMP2008102410088
	City State Zip Code Roseville CA 95661-4025	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nationwide Enterprise AVP, PCRO Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers	Date of Receipt MM / DD / YYYY 11 / 07 / 2008
	Mailing Address 1929 Eagle Glen Drive	<b>Transaction ID:</b> EMP2008110710088
	City State Zip Code Roseville CA 95661-4025	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nationwide Enterprise AVP, PCRO Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy M. Eggers	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1929 Eagle Glen Drive	<b>Transaction ID:</b> EMP2008112110088
	City State Zip Code Roseville CA 95661-4025	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nationwide Enterprise AVP, PCRO Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel J. Finn		Date of Receipt
	Mailing Address 2 Amador		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport Coast	CA	92657-1226
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008102410081
		Amount of Each Receipt this Period	<input type="text" value="25.00"/>
Name of Employer N72B9		Occupation FSS Sales Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel J. Finn		Date of Receipt
	Mailing Address 2 Amador		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport Coast	CA	92657-1226
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008110710081
		Amount of Each Receipt this Period	<input type="text" value="25.00"/>
Name of Employer N72B9		Occupation FSS Sales Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel J. Finn		Date of Receipt
	Mailing Address 2 Amador		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newport Coast	CA	92657-1226
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008112110081
		Amount of Each Receipt this Period	<input type="text" value="25.00"/>
Name of Employer N72B9		Occupation FSS Sales Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 12 / 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 9341 Moondancer Circle

City State Zip Code  
Roseville CA 95747-7114

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

Name of Employer Occupation  
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** EMP2008102410098

Amount of Each Receipt this Period  
20.00

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

Mailing Address 9341 Moondancer Circle

City State Zip Code  
Roseville CA 95747-7114

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

Name of Employer Occupation  
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

**Transaction ID:** EMP2008110710097

Amount of Each Receipt this Period  
20.00

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

Mailing Address 9341 Moondancer Circle

City State Zip Code  
Roseville CA 95747-7114

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

Name of Employer Occupation  
Nationwide Enterprise AVP, IA Regional Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** EMP2008112110097

Amount of Each Receipt this Period  
20.00

**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 13 / 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)  
Jim A. Hanley

Mailing Address 3032 Beechwood Court

City State Zip Code  
Fairfield CA 94533-7731

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

Name of Employer Occupation  
Nationwide Enterprise Manager, Loss Control

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** EMP2008102410108

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Erich H. Lutkemuller

Mailing Address 3105 Strand Road

City State Zip Code  
Rocklin CA 95765-4319

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** EMP2008102410090

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Erich H. Lutkemuller

Mailing Address 3105 Strand Road

City State Zip Code  
Rocklin CA 95765-4319

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

**Transaction ID:** EMP2008110710090

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

**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 14 / 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Erich H. Lutkemuller

Mailing Address 3105 Strand Road

City State Zip Code  
Rocklin CA 95765-4319

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** EMP2008112110090

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 Occupation  
Nationwide Enterprise CA Commercial Claims Consult

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** EMP2008102410087

Amount of Each Receipt this Period  
10.00

**C.** 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 Occupation  
Nationwide Enterprise CA Commercial Claims Consult

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

**Transaction ID:** EMP2008110710087

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 15 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael D. McKeever		Date of Receipt
	Mailing Address 4252 Mockingbird Street		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fair Oaks	CA	95628-6355
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation CA Commercial Claims Consult	<b>Transaction ID:</b> EMP2008112110087
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>B.</b>	Full Name (Last, First, Middle Initial) Robert P. O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	<b>Transaction ID:</b> EMP2008102410092
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="960.00"/>	<input type="text" value="40.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert P. O'Hollearn		Date of Receipt
	Mailing Address 1005 Hutley Way		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Granite Bay	CA	95746-7160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nationwide Enterprise		Occupation RVP, Pacific Coast	<b>Transaction ID:</b> EMP2008110710092
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="960.00"/>	<input type="text" value="40.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> 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 / 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)

Robert P. O'Hollearn

Mailing Address 1005 Hutley Way

City

Granite Bay

State

CA

Zip Code

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 ▼

960.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: EMP2008112110092

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Margie Piercy

Mailing Address 1778 Herbert Court

City

Yuba City

State

CA

Zip Code

95993-1654

FEC ID number of contributing federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation  
Staff Operations Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

465.23

Date of Receipt

MM / DD / YYYY  
10 / 24 / 2008

Transaction ID: EMP2008102410000

Amount of Each Receipt this Period

25.67

**C.**

Full Name (Last, First, Middle Initial)

Margie Piercy

Mailing Address 1778 Herbert Court

City

Yuba City

State

CA

Zip Code

95993-1654

FEC ID number of contributing federal political committee.

C

Name of Employer  
Nationwide Enterprise

Occupation  
Staff Operations Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

465.23

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2008

Transaction ID: EMP2008110710000

Amount of Each Receipt this Period

25.67

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

91.34

**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 17 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Margie Piercy		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 1778 Herbert Court		<b>Transaction ID:</b> EMP2008112110000		
	City Yuba City	State CA	Zip Code 95993-1654	Amount of Each Receipt this Period 25.67	
	FEC ID number of contributing federal political committee. <b>C</b>				
	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 ▼ 465.23			

<b>B.</b>	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt MM / DD / YYYY 10 / 24 / 2008		
	Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2008102410106		
	City Elk Grove	State CA	Zip Code 95758-5111	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Nationwide Enterprise	Occupation Claims Manager - Field			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Melody Rivas		Date of Receipt MM / DD / YYYY 11 / 07 / 2008		
	Mailing Address 4809 Careyback Avenue		<b>Transaction ID:</b> EMP2008110710105		
	City Elk Grove	State CA	Zip Code 95758-5111	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Nationwide Enterprise	Occupation Claims Manager - Field			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.67
<b>TOTAL</b> 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 18 / 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)  
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 ▼ 360.00

Date of Receipt 11 / 21 / 2008

Transaction ID: EMP2008112110105

Amount of Each Receipt this Period 15.00

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

Mailing Address 1573 Vista Ridge Way

City Roseville State CA Zip Code 95661-4018

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 24 / 2008

Transaction ID: EMP2008102410078

Amount of Each Receipt this Period 5.00

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

Mailing Address 1573 Vista Ridge Way

City Roseville State CA Zip Code 95661-4018

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 07 / 2008

Transaction ID: EMP2008110710078

Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25.00

**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 19 / 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)  
Scott M. 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 AVP, PCRO Underwriting-Allied

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** EMP2008112110078

Amount of Each Receipt this Period  
5.00

**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 Occupation  
California Work At HOM NBH Bus Dev Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** EMP2008102410104

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 Occupation  
California Work At HOM NBH Bus Dev Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

**Transaction ID:** EMP2008110710103

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd Squiers		Date of Receipt
	Mailing Address 70 Corte Patencio		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Greenbrae	CA	94904-1116
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008112110103
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer California Work At HOM		Occupation NBH Bus Dev Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell H. Tabbert		Date of Receipt
	Mailing Address 2265 Heritage Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Roseville	CA	95678-3412
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008102410095
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer Nationwide Enterprise		Occupation Claims Director - Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008102410082
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 21 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 8
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008110710082
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Brett D. Tupps		Date of Receipt
	Mailing Address 437 Aria Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	City	State	Zip Code
	El Dorado Hills	CA	95762-3963
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008112110082
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 600.00

<b>C.</b>	Full Name (Last, First, Middle Initial) John P. Valentine		Date of Receipt
	Mailing Address 8130 Walnut Villa Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Fair Oaks	CA	95628-2775
	FEC ID number of contributing federal political committee.		Transaction ID: EMP2008102410102
		Amount of Each Receipt this Period	<input type="text"/> 10.00
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 ▼	<input type="text"/> 240.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 60.00
<b>TOTAL</b> 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)  
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 Occupation  
Nationwide Enterprise Director - Sponsor Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

**Transaction ID:** EMP2008110710101

Amount of Each Receipt this Period  
10.00

**B.**

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 Occupation  
Nationwide Enterprise Director - Sponsor Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2008

**Transaction ID:** EMP2008112110101

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Ursula R. 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 Occupation  
California Work At HOM IA Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2008

**Transaction ID:** EMP2008102410109

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: 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)

Ursula R. 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 Occupation  
California Work At HOM IA Sales Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2008

Transaction ID: EMP2008110710107

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ursula R. 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 Occupation  
California Work At HOM IA Sales Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: EMP2008112110107

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Tie Zhang

Mailing Address 5717 Deepdale Way

City State Zip Code  
Elk Grove CA 95758-6857

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

Name of Employer Occupation  
California Work At HOM IA Sales Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY  
10 / 24 / 2008

Transaction ID: EMP2008102410113

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:	PAGE 24 / 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) Tie Zhang		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 5717 Deepdale Way		<b>Transaction ID:</b> EMP2008110710111
City Elk Grove	State CA	Zip Code 95758-6857
FEC ID number of contributing federal political committee.	C	
Name of Employer California Work At HOM	Occupation IA Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial) Tie Zhang		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 5717 Deepdale Way		<b>Transaction ID:</b> EMP2008112110111
City Elk Grove	State CA	Zip Code 95758-6857
FEC ID number of contributing federal political committee.	C	
Name of Employer California Work At HOM	Occupation IA Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	1082.01

Image# 28934522945

Form/Schedule: **F3X**

Transaction ID:

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