

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

ADDRESS (number and street) 1601 Exposition Blvd; PC1A
 Check if different than previously reported. (ACC)
Sacramento CA 95815

2. **FEC IDENTIFICATION NUMBER** C00406215
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2006 through 09 30 2006

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 Jaynealyce Mitchell

Signature of Treasurer Electronically Filed by Jaynealyce Mitchell Date 10 16 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Nationwide Mutual Insurance Company and Allied Group Inc. PAC of California

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		8279.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	14586.00									
(c) Total Receipts (from Line 19)	1141.50	7448.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15727.50	15727.50								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15727.50	15727.50								
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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	675.00	2725.00
(i) Itemized (use Schedule A)	466.50	4723.50
(ii) Unitemized	1141.50	7448.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1141.50	7448.50
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))	1141.50	7448.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1141.50	7448.50

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1141.50	7448.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1141.50	7448.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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

Full Name (Last, First, Middle Initial) A. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2006090177663	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2006091581419	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Linda Coleman		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 9761 Summer Glen Way		Transaction ID: EMP2006092985164	
City Elk Grove	State CA	Zip Code 95757-8323	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Enterprise	Occupation Supervisor, Comm Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Fischl		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 9341 Moondancer Circle		Transaction ID: EMP2006090177664	
City Roseville	State CA	Amount of Each Receipt this Period 20.00	
Zip Code 95747-7114			
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation Regional VP - Western Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. John Fischl		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 9341 Moondancer Circle		Transaction ID: EMP2006091581420	
City Roseville	State CA	Amount of Each Receipt this Period 20.00	
Zip Code 95747-7114			
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation Regional VP - Western Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. John Fischl		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 9341 Moondancer Circle		Transaction ID: EMP2006092985165	
City Roseville	State CA	Amount of Each Receipt this Period 20.00	
Zip Code 95747-7114			
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation Regional VP - Western Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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 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 Claims Director - Field

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: EMP2006090177674

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
 Jim 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 Claims Director - Field

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: EMP2006091581430

Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
 Jim 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 Claims Director - Field

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: EMP2006092985175

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jaynealyce Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 515 Causeway Drive		Transaction ID: EMP2006090177667
City Sacramento	State CA	Zip Code 95831-5776
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nationwide Enterprise	Occupation Allied Reg Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Jaynealyce Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 515 Causeway Drive		Transaction ID: EMP2006091581423
City Sacramento	State CA	Zip Code 95831-5776
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nationwide Enterprise	Occupation Allied Reg Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jaynealyce Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 515 Causeway Drive		Transaction ID: EMP2006092985168
City Sacramento	State CA	Zip Code 95831-5776
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nationwide Enterprise	Occupation Allied Reg Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<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) Robert O'Hollearn Mailing Address 1005 Hutley Way City State Zip Code Granite Bay CA 95746-7160 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006 Transaction ID: EMP2006090177658 Amount of Each Receipt this Period 40.00
Name of Employer: Nationwide Enterprise Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

B. Full Name (Last, First, Middle Initial) Robert O'Hollearn Mailing Address 1005 Hutley Way City State Zip Code Granite Bay CA 95746-7160 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006 Transaction ID: EMP2006091581414 Amount of Each Receipt this Period 40.00
Name of Employer: Nationwide Enterprise Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

C. Full Name (Last, First, Middle Initial) Robert O'Hollearn Mailing Address 1005 Hutley Way City State Zip Code Granite Bay CA 95746-7160 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006 Transaction ID: EMP2006092985159 Amount of Each Receipt this Period 40.00
Name of Employer: Nationwide Enterprise Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2006090177645
City Roseville	State CA	Zip Code 95661-4018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2006091581401
City Roseville	State CA	Zip Code 95661-4018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Scott Schoenborn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 1573 Vista Ridge Way		Transaction ID: EMP2006092985146
City Roseville	State CA	Zip Code 95661-4018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Nationwide Enterprise	Occupation VP, PCRO Underwriting-Allied	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Russell Tabbert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2006090177660	
City Roseville	State CA	Zip Code 95678-3412	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Russell Tabbert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2006091581416	
City Roseville	State CA	Zip Code 95678-3412	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Russell Tabbert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 2265 Heritage Drive		Transaction ID: EMP2006092985161	
City Roseville	State CA	Zip Code 95678-3412	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 14
	<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)
Rick Thomas

Mailing Address 1344 Muscat Circle

City State Zip Code
Roseville CA 95747-7282

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

Name of Employer Occupation
Nationwide Enterprise CL Underwriting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: EMP2006090177661

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Rick Thomas

Mailing Address 1344 Muscat Circle

City State Zip Code
Roseville CA 95747-7282

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

Name of Employer Occupation
Nationwide Enterprise CL Underwriting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: EMP2006091581417

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Rick Thomas

Mailing Address 1344 Muscat Circle

City State Zip Code
Roseville CA 95747-7282

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

Name of Employer Occupation
Nationwide Enterprise CL Underwriting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: EMP2006092985162

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Beth Trotter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 1700 Markham Way		Transaction ID: EMP2006090177649	
City State Zip Code Sacramento CA 95818-3042	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Beth Trotter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 1700 Markham Way		Transaction ID: EMP2006091581405	
City State Zip Code Sacramento CA 95818-3042	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Beth Trotter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 1700 Markham Way		Transaction ID: EMP2006092985150	
City State Zip Code Sacramento CA 95818-3042	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N0135	Occupation P/C Sales Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	675.00