FEC

STATEMENT OF

| FORM 1 | ORGANIZA | ATION | | |
|---------------------------------------|---|--|---------------------|---|
| . 011111 | (See instruction | s) | | Office use only |
| NAME OF COMMITTEE (in f | ull) (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | 1 1 |
| Nationwide Mu | itual Insurance Company Iowa Po | olitical Action Committe | e | |
| | | | | |
| ADDRESS (number and s | treet) 1100 Locust | | | |
| (Check if address | DM-01-0301 | | | |
| is changed) | Des Moines | | L <mark>IA</mark> L | 50391 - 0301 |
| | | CITY | STATE | ZIP CODE 🛦 |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-m | | | |
| (Check if address is changed) | pac@nationwide.com | ' | | |
| | | | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
| 2. DATE M M M M 0 4 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | _ | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00123976 | | |
| 4. IS THIS STATEM | ENT NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examin | ned this Statement and to the best of my know | vledge and belief it is true, correc | t and complete | |
| · | Kan On Handan | - | · | |
| Type or Print Name of | Freasurer Kay Godfredsen | | | |
| Signature of Treasurer | Electronically Filed by Kay Godfre | edsen | Date 0 4 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fals | se, erroneous, or incomplete information may | | • | |
| Office Use Only | | For further informating Federal Election Communication Toll Free 800-424-953 | mission | FEC FORM 1 (Revised 02/2009) |

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|----|------------------------------|---|---------------------------------------|--|--|--|
| 5. | TYPE OF CO | DMMITTEE (Check One) | | | | |
| | Candidate Committee: | | | | | |
| | (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| | (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) | candidate | | | |
| | Name of Candidate | | | | | |
| | Candidate Party Affiliati | on Office Sought: House Senate President | State District | | | |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| | Name of Candidate | | | | | |
| | Party Comm | | | | | |
| | (d) | | Democratic, epublican,etc.) Party. | | | |
| | Political Act | ion Committee (PAC): | | | | |
| | (e) X | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6. | organization is a: | | | |
| | | X Corporation Corporation w/o Capital Stock Labor | Organization | | | |
| | | Membership Organization Trade Association Coop | perative | | | |
| | | χ In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated full committee. (i.e., nonconnected committee) | ınd or party | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| | Joint Fundra | ising Representative: | | | | |
| | (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political | | | |
| | (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, none of which is an authorized committee of a federal candidate. | ore political | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | | 1. FEC ID number | | | | |
| | | 2 FEC ID number C | | | | |
| | | 3. FEC ID number | | | | |
| | | FEC ID number | | | | |

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|----|--|--|----------------------------------|-----------------|-------------------|------|
| W | rite or Type Committee Name | | | _ | | |
| | Nationwide Mutual Insu | rance Company Iowa Politica | al Action Committee | | | |
| | | | | | | |
| 6. | Name of Any Connected Or | ganization, Affiliated Committee, c | Joint Fundraising Representative | e, or Leadershi | p PAC Sponsor | |
| Ш | Nationwide | | | | | |
| | | | <u> </u> | | 1 1 1 1 | |
| | Mailing Address | One Nationwide | Plaza | | | |
| | | | | | | |
| | | Columbus | <u> </u> | <u>H</u>] | 43215 _ [| |
| | | CITY▲ | STAT | Γ Ε ≜ | ZIP CODE | |
| | Relationship: | | | | | |
| | X Connected Organization | Affiliated Committee | Joint Fundraising Represent | ative Lea | adership PAC Spor | nsor |
| 7. | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. | | | | | |
| | Full Name Shanne | on Wilks | | 1 1 1 1 1 | | 1 1 |
| | Mailing Address | One Nationwide | Plaza | | | |
| | | 2-5-18 | | | | |
| | | Columbus | Ol | <u>H</u> | 43215 | |
| | Title or Position ▼ | CITY A | STA | TE A | ZIP CODE A | |
| | Custodian | of Records | Telephone number | 614 - | 249 – 54 | 170 |
| | | | · | | | |
| 8. | | and address (phone number designated agent (e.g., assista | | ne committee; | and the | |
| | Full Name of Treasurer Kay Go | odfredsen | | | | |
| | Mailing Address | 1100 Locust Str | eet | | | |
| | 3 | Dept. 1199 | | | | |
| | | Des Moines | | <u> </u> | 50391 | |
| | Title or Position ♥ | CITY A | STA | TE▲ | ZIP CODE A | |
| | Treasurer | | Telephone number | 515 _ | 508 _ 43 | 305 |
| | | | i diapriorio ridifibei | | | |

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|----|---|---|----------------------------------|--------------------|
| | Full Name of Designated Agent | | | |
| | Mailing Address | | | |
| | | | | |
| | Title or Position ▼ | CITY A | STATE A | ZIP CODE A |
| | | | lephone number | |
| 9. | Banks or Other Depositorie safety deposit boxes or maintain | es: List all banks or other depositories in which the ains funds. | e committee deposits funds, hole | ds accounts, rents |
| | Name of Bank, Depository, et | c. | | |
| | Natio | nwide Bank | | |
| | Mailing Address | One Nationwide Plaza | | |
| | | | | |
| | | Columbus | OH | 43215 _ |
| | | CITY 🗻 | STATE₄ | ZIP CODE 🛕 |
| | Name of Bank, Depository, et | c. | | |
| | Wells | Fargo | | |
| | Mailing Address | 666 Walnut Street | | |
| | | | | |
| | | Des Moines | LIA L | 50309 |
| | | CITY 🔼 | STATE ⊿ | ZIP CODE 🛕 |

| Banks or Other Depositories: safety deposit boxes or maintain: | List all banks or other depositories in which the committees funds. | e deposits funds, ho | lds accounts, rents |
|--|---|----------------------|--------------------------------------|
| Name of Bank, Depository, etc. | | | [ADDITIONAL] |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🗻 | STATE ⊿ | ZIP CODE 🛕 |
| Name of Any Connected Orga | nization, Affiliated Committee, Joint Fundraising Repre | sentative, or Leade | [ADDITIONAL] ership PAC Sponsor |
| Nationwide Mutual Insura | ance Company Political Action Committee | | |
| | | | |
| Mailing Address | One Nationwide Plaza | | |
| | 1-27-10 | | |
| | Columbus | LTT | 43215 |
| delationship: | CITY | STATE A | ZIP CODE |
| Connected Organization | X Affiliated Committee Joint Fundraising Repre | esentative Le | adership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | = |
| Title or Position ▼ | CITY 🛦 | STATE₄ | ZIP CODE A |
| | Telephon | e number | |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| · | FEC | ID number C | |

| Banks or Other Depositories: safety deposit boxes or maintain | | e deposits funds, ho | lds accounts, rents |
|---|--|----------------------|-----------------------------------|
| Name of Bank, Depository, etc. | | | [ADDITIONAL] |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🛕 | STATE ⊿ | ZIP CODE 🛕 |
| Name of Any Connected Orga | nization, Affiliated Committee, Joint Fundraising Repres | sentative, or Leade | [ADDITIONAL] ership PAC Sponsor |
| Nationwide Mutual Insur | ance Company Financial & Investments Political | Action Commit | ttee |
| | | | |
| Mailing Address | One Nationwide Plaza | | |
| | | | |
| | Columbus | OH | 43215 |
| Relationship: | CITY▲ | STATE A | ZIP CODE |
| Connected Organization | X Affiliated Committee Joint Fundraising Repres | sentative Le | adership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE A |
| | Telephone | number | |
| Joint Fundraiser Participant | <u>'</u> | | [ADDITIONAL] |
| 1 | | ID number C | |
| | | | |