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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Nationwide Mutual Insurance Company Political Action Committee One Nationwide Plaza ADDRESS (number and street) 1-32-301 (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@nationwide.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00076174 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. English, Steven, , , Type or Print Name of Treasurer English, Steven, , , [Electronically Filed] 05 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE 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 candidate information below.)				
Nam Cand	e of didate					
	didate / Affiliation	Office Sought: House Senate President	State			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Par	ty Con	nmittee: (National, State	(Democratic,			
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party			
Poli	tical A	ction Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected						
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	egregated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t				
		committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.					
	3.					
	4.					

FEC Form 1 (Rev	ised 02/2009)		Page 3
Write or Type Committee			· ·
Nationwide N	Mutual Insurance Com	pany Political A	ction Committee
	ted Organization, Affiliated Committee, Jo		
Nationwide			
Mailing Address	One Nationwide Plaza		
Maining / Idan 033			
	Columbus	OH	43215
	CITY	STATE	ZIP CODE
Relationship: x Con	nected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number	optional) and position of th	e person in possession of committee
Lock	e, Ellen, , ,		,
Full Name	One Nationwide Plaza, 1-32-301		
Mailing Address			
			40045
	Columbus	OH	43215
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	202 347 9590
	ne and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Engli	sh, Steven, , ,		
Mailing Address	One Nationwide Plaza		
	1-32-301		
	Columbus	OH	43215
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	614 - 249 - 7725

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Full Name of Designated Agent	Prolago, Natosha, , ,					
Mailing Address	One Nationwide Plaza					
	1-32-301					
	Columbus OH 43215 CITY STATE	ZIP CODE				
Title or Position Assistant Treasu	urer 614	249 5470				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Huntington National Bank						
safety deposit bo	oxes or maintains funds. Depository, etc.					
safety deposit bo Name of Bank, C	oxes or maintains funds.					
safety deposit bo	Depository, etc. Huntington National Bank					
safety deposit bo Name of Bank, C	Depository, etc. Huntington National Bank 41 South High Street					
safety deposit bo Name of Bank, C	Depository, etc. Huntington National Bank 41 South High Street HC0810	ZIP CODE				
safety deposit bo Name of Bank, C	Depository, etc. Huntington National Bank 41 South High Street HC0810 Columbus CITY STATE					
safety deposit bo. Name of Bank, D Mailing Address	Depository, etc. Huntington National Bank 41 South High Street HC0810 Columbus CITY STATE					
safety deposit bo. Name of Bank, D Mailing Address	Depository, etc. Huntington National Bank 41 South High Street HC0810 Columbus CITY STATE Depository, etc.					
safety deposit book Name of Bank, Dame of Ba	Depository, etc. Huntington National Bank 41 South High Street HC0810 Columbus CITY STATE Depository, etc.					
safety deposit book Name of Bank, Dame of Ba	Depository, etc. Huntington National Bank 41 South High Street HC0810 Columbus CITY STATE Depository, etc.					

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	n Participant		
J(g)	1	, ranticipant.	FEC ID number	C
			FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	U
6.		Organization, Affiliated Committee, Joint Fundrais		
	Mailing Address	One Nationwide Plaza, 1-32-404		
		Columbus	OH	43215
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
		1		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	phone Number	- -
			priorie Number	
9.	safety deposit boxes or ma	ies: List all banks or other depositories in which th intains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.			s funds, holds accounts, rents
9.	safety deposit boxes or ma			s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.			s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.			s funds, holds accounts, rents