



**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Nationwide Mutual Insurance Company Financial & Investments Political Action Committee

Report Covering the Period:

From:

M	M
01	

D	D
01	

Y	Y	Y	Y
2026			

To:

M	M
01	

D	D
31	

Y	Y	Y	Y
2026			

**COLUMN A**  
This Period

**COLUMN B**  
Calendar Year-to-Date

6. (a) Cash on Hand  
January 1,

Y	Y	Y	Y
2026			

150593.14

(b) Cash on Hand at  
Beginning of Reporting Period.....

150593.14

(c) Total Receipts (from Line 19) .....

13961.32

13961.32

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

164554.46

164554.46

7. Total Disbursements (from Line 31).....

25500.00

25500.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

139054.46

139054.46

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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

Report Covering the Period: From:

M 01

D 01

Y 2026

To:

M 01

D 31

Y 2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3276.20	3276.20
(ii) Unitemized .....	10685.12	10685.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	13961.32	13961.32
(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) .....	13961.32	13961.32
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 Transfers (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)) .....	13961.32	13961.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13961.32	13961.32

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	25500.00	25500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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))..	25500.00	25500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	25500.00

# DETAILED SUMMARY PAGE

## of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13961.32	13961.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13961.32	13961.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	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 Financial & Investments Political Action Committee		
-----------------------------	--	--	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Aniano, Joseph, , ,</b>		Date of Receipt  <table border="1"> <tr> <td>M   M 01</td> <td>/</td> <td>D   D 23</td> <td>/</td> <td>Y   Y   Y   Y 2026</td> </tr> </table> <b>Transaction ID : EMP202601151000</b>		M   M 01	/	D   D 23	/	Y   Y   Y   Y 2026
M   M 01	/	D   D 23	/	Y   Y   Y   Y 2026				
Mailing Address 1 Nationwide Plz		Amount of Each Receipt this Period  <table border="1"> <tr> <td>130.00</td> </tr> </table>		130.00				
130.00								
City Columbus State OH Zip Code 43215-2226		<input type="checkbox"/> Memo Item						
FEC ID number of contributing federal political committee. <b>C</b>								
Name of Employer (for Individual) Nationwide		Occupation (for Individual) SVP, Investment Management Group						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr> <td>260.00</td> </tr> </table>		260.00				
260.00								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Beman, Bradley, J., ,</b>		Date of Receipt  <table border="1"> <tr> <td>M   M 01</td> <td>/</td> <td>D   D 23</td> <td>/</td> <td>Y   Y   Y   Y 2026</td> </tr> </table> <b>Transaction ID : EMP202601151030</b>		M   M 01	/	D   D 23	/	Y   Y   Y   Y 2026
M   M 01	/	D   D 23	/	Y   Y   Y   Y 2026				
Mailing Address 1 Nationwide Plz		Amount of Each Receipt this Period  <table border="1"> <tr> <td>130.00</td> </tr> </table>		130.00				
130.00								
City Columbus State OH Zip Code 43215-2226		<input type="checkbox"/> Memo Item						
FEC ID number of contributing federal political committee. <b>C</b>								
Name of Employer (for Individual) Nationwide		Occupation (for Individual) Investment Leader						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr> <td>260.00</td> </tr> </table>		260.00				
260.00								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Berven, Mark, A, ,</b>		Date of Receipt  <table border="1"> <tr> <td>M   M 01</td> <td>/</td> <td>D   D 23</td> <td>/</td> <td>Y   Y   Y   Y   Y 2026</td> </tr> </table> <b>Transaction ID : EMP20260115294</b>		M   M 01	/	D   D 23	/	Y   Y   Y   Y   Y 2026
M   M 01	/	D   D 23	/	Y   Y   Y   Y   Y 2026				
Mailing Address 1 Nationwide Plz		Amount of Each Receipt this Period  <table border="1"> <tr> <td>192.30</td> </tr> </table>		192.30				
192.30								
City Columbus State OH Zip Code 43215-2226		<input type="checkbox"/> Memo Item						
FEC ID number of contributing federal political committee. <b>C</b>								
Name of Employer (for Individual) Nationwide		Occupation (for Individual) Pres & COO, NW Prop & Casualty						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr> <td>384.60</td> </tr> </table>		384.60				
384.60								
SUBTOTAL of Receipts This Page (optional)..... ►								
TOTAL This Period (last page this line number only)..... ►								
452.30								

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coleman, Joel, Lawrence, ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP202601151024

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide Chief Investment Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ginnan, Steven, A, ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115120

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide SVP, Chief Financial Officer - Financi

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hawley, Craig, Alan, ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115987

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide President &amp; COO, NW Financial

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

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

576.90

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Howard, Mark, S.,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115952

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide EVP, Chief Legal Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jestic, Kevin, Thomas, ,

Mailing Address Three Nationwide Plaza

City Columbus	State OH	Zip Code 43215-2410
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP202601151025

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide President, Retirement Solutions

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mackenzie, Jennifer, Boyd, ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115267

Amount of Each Receipt this Period

130.00

 Memo Item

Name of Employer (for Individual)

Nationwide SVP, Marketing Management - P&amp;C

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

260.00

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

514.60

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 9 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mahaffey, Michael, , ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115620

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

EVP, Chief Customer, Strategy &amp; Innov.

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Brien, Kevin, G, ,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : EMP20260115269

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Corporate Development, Finance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porteus, Brent, R, ,

Mailing Address 17293 State Route 83

City Coshocton	State OH	Zip Code 43812-9461
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 02	/	Y Y Y Y 2026
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Transaction ID : RET-FOM-202512293

Amount of Each Receipt this Period

416.60

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

Member-BOD

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

416.60

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

801.20

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 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)	Nationwide Mutual Insurance Company Financial & Investments Political Action Committee		
-----------------------------	--	--	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Snyder, Holly, Renee, ,</b>		Date of Receipt  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>23</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : EMP20260115213</b>		M	M	/	D	D	/	Y	Y	Y	Y	01			23			2026			
M	M	/	D	D	/	Y	Y	Y	Y														
01			23			2026																	
Mailing Address 1 Nationwide Plz		Amount of Each Receipt this Period  <table border="1"> <tr><td>130.00</td></tr> </table>		130.00																			
130.00																							
City Columbus State OH Zip Code 43215-2226		Memo Item  <input type="checkbox"/>																					
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Nationwide		Occupation (for Individual) President, Nationwide Life																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>260.00</td></tr> </table>		260.00																			
260.00																							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Stevenson, Eric, R, ,</b>		Date of Receipt  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>23</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : EMP20260115658</b>		M	M	/	D	D	/	Y	Y	Y	Y	01			23			2026			
M	M	/	D	D	/	Y	Y	Y	Y														
01			23			2026																	
Mailing Address Three Nationwide Plaza		Amount of Each Receipt this Period  <table border="1"> <tr><td>192.30</td></tr> </table>		192.30																			
192.30																							
City Columbus State OH Zip Code 43215-2410		Memo Item  <input type="checkbox"/>																					
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Nationwide		Occupation (for Individual) President, Retirement Solutions - Emer																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>384.60</td></tr> </table>		384.60																			
384.60																							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Walker, Kirt, A, ,</b>		Date of Receipt  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>01</td><td></td><td></td><td>23</td><td></td><td></td><td>2026</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : EMP20260115321</b>		M	M	/	D	D	/	Y	Y	Y	Y	01			23			2026			
M	M	/	D	D	/	Y	Y	Y	Y														
01			23			2026																	
Mailing Address 1 Nationwide Plz		Amount of Each Receipt this Period  <table border="1"> <tr><td>192.30</td></tr> </table>		192.30																			
192.30																							
City Columbus State OH Zip Code 43215-2226		Memo Item  <input type="checkbox"/>																					
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Nationwide		Occupation (for Individual) Chief Executive Officer																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>384.60</td></tr> </table>		384.60																			
384.60																							
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"> <tr><td>514.60</td></tr> </table>		514.60																			
514.60																							
TOTAL This Period (last page this line number only)..... ►		  <table border="1"> <tr><td></td></tr> </table>																					

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)	Nationwide Mutual Insurance Company Financial & Investments Political Action Committee		
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A.</b> Zellers, Jeffrey, W., ,		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>02</td><td></td><td></td><td>2026</td><td></td><td></td><td></td></tr></table> Transaction ID : RET-FOM-202512292		M	M	/	D	D	/	Y	Y	Y	Y	01			02			2026			
M	M	/	D	D	/	Y	Y	Y	Y														
01			02			2026																	
Mailing Address 5385 Edison St NE		Amount of Each Receipt this Period 416.60																					
City Hartville State OH Zip Code 44632-9190		Memo Item																					
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Nationwide Occupation (for Individual) Member-BOD																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60																					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Amount of Each Receipt this Period		M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y														
Mailing Address		Memo Item																					
City State Zip Code																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Occupation (for Individual)																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Amount of Each Receipt this Period		M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y														
Mailing Address		Memo Item																					
City State Zip Code																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer (for Individual) Occupation (for Individual)																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
SUBTOTAL of Receipts This Page (optional)..... ►																							
416.60																							
TOTAL This Period (last page this line number only)..... ►																							
3276.20																							

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company Financial & Investments Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>A. Balderson For Congress</b>		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>13</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	01			13			2026				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
01			13			2026																			
Mailing Address PO Box 571 850 Twin Rivers Dr		FEC Identification Number																							
City Columbus		State OH	Zip Code 43216-0571																						
Purpose of Disbursement 2026 Primary		Category/ Type 011																							
Candidate Name Balderson, Troy, , ,		FEC Identification Number <b>C</b> C00662650 Transaction ID : C4474E537D9																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00																							
State: OH District: 12		Memo Item																							
Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>B. Beatty For Congress</b>		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>13</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	01			13			2026				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
01			13			2026																			
Mailing Address 222 E Town St FI 2W		FEC Identification Number																							
City Columbus		State OH	Zip Code 43215-4616																						
Purpose of Disbursement 2026 General		Category/ Type 011																							
Candidate Name Beatty, Joyce, , ,		FEC Identification Number <b>C</b> C00507368 Transaction ID : D7FCE65D76																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00																							
State: OH District: 03		Memo Item																							
Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>C. Carey For Congress</b>		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>09</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	01			09			2026				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
01			09			2026																			
Mailing Address PO Box 16032		FEC Identification Number																							
City Columbus		State OH	Zip Code 43216-6032																						
Purpose of Disbursement 2026 Primary		Category/ Type 011																							
Candidate Name Carey, Mike, , ,		FEC Identification Number <b>C</b> C00779603 Transaction ID : 77F7B9995E																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1500.00																							
State: OH District: 15		Memo Item																							
SUBTOTAL of Disbursements This Page (optional)..... ►		6500.00																							
TOTAL This Period (last page this line number only)..... ►																									

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Carey For Congress</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 09 2026	
Mailing Address PO Box 16032		FEC Identification Number	
City Columbus		State OH	Zip Code 43216-6032
Purpose of Disbursement 2026 General		<input type="checkbox"/> 011 Category/Type	
Candidate Name Carey, Mike, , ,		<input type="checkbox"/> C C00779603 Transaction ID : 9D2C30C17A	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Amount of Each Disbursement this Period 1000.00
State: OH	District: 15	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. French Hill For Arkansas</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 13 2026	
Mailing Address PO Box 7841		FEC Identification Number	
City Little Rock		State AR	Zip Code 72217-7800
Purpose of Disbursement 2026 Primary		<input type="checkbox"/> 011 Category/Type	
Candidate Name Hill, French, , ,		<input type="checkbox"/> C C00551275 Transaction ID : 048E4F12A58	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Amount of Each Disbursement this Period 1000.00
State: AR	District: 02	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. French Hill For Arkansas</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 13 2026	
Mailing Address PO Box 7841		FEC Identification Number	
City Little Rock		State AR	Zip Code 72217-7800
Purpose of Disbursement 2026 General		<input type="checkbox"/> 011 Category/Type	
Candidate Name Hill, French, , ,		<input type="checkbox"/> C C00551275 Transaction ID : 9E427F2C1E	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Amount of Each Disbursement this Period 1500.00
State: AR	District: 02	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►		3500.00	
TOTAL This Period (last page this line number only)..... ►			

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Garbarino For Congress</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 21 2026	
Mailing Address PO Box 101		FEC Identification Number	
City Bayport		<input type="checkbox"/> C C00729954	
State NY		Transaction ID : 1412F5D262F	
Zip Code 11705-0101		Amount of Each Disbursement this Period	
Purpose of Disbursement 2026 Primary		<input type="checkbox"/> 1000.00	
Candidate Name Garbarino, Andrew, , ,		<input type="checkbox"/> Memo Item	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: NY	District: 02		
Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Hern For Congress</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 21 2026	
Mailing Address 9521 Riverside Pkwy Unit 350B		FEC Identification Number	
City Tulsa		<input type="checkbox"/> C C00636092	
State OK		Transaction ID : 1FAF1C02D0	
Zip Code 74137-7422		Amount of Each Disbursement this Period	
Purpose of Disbursement 2026 Primary		<input type="checkbox"/> 1000.00	
Candidate Name Hern, Kevin, , ,		<input type="checkbox"/> Memo Item	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: OK	District: 01		
Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Iowans For Zach Nunn</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 01 09 2026	
Mailing Address PO Box 8036		FEC Identification Number	
City Des Moines		<input type="checkbox"/> C C00784389	
State IA		Transaction ID : D17DA4A9B	
Zip Code 50301-8036		Amount of Each Disbursement this Period	
Purpose of Disbursement 2026 General		<input type="checkbox"/> 2500.00	
Candidate Name Nunn, Zach, , ,		<input type="checkbox"/> Memo Item	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼
State: IA	District: 03		
SUBTOTAL of Disbursements This Page (optional)..... ►		<input type="checkbox"/> 4500.00	
TOTAL This Period (last page this line number only)..... ►		<input type="checkbox"/>	

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Nationwide Mutual Insurance Company Financial & Investments Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>A. Jason Smith For Congress</b>		<table border="1"><tr><td><input type="checkbox"/> M</td><td><input type="checkbox"/> M</td><td>/</td><td><input type="checkbox"/> D</td><td><input type="checkbox"/> D</td><td>/</td><td><input type="checkbox"/> Y</td><td><input type="checkbox"/> Y</td><td><input type="checkbox"/> Y</td><td><input type="checkbox"/> Y</td><td><input type="checkbox"/> Y</td></tr><tr><td>01</td><td></td><td></td><td>13</td><td></td><td></td><td>2026</td><td></td><td></td><td></td><td></td></tr></table>		<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	01			13			2026								
<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y																			
01			13			2026																			
Mailing Address PO Box 1324																									
City Cape Girardeau		State MO	Zip Code 63702-1324																						
Purpose of Disbursement 2026 General		<table border="1"><tr><td>011</td></tr></table>		011																					
011																									
Candidate Name Smith, Jason, , ,		Category/ Type																							
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MO	District: 08																								
Full Name (Last, First, Middle Initial)		FEC Identification Number																							
<b>B. Katherine Clark For Congress</b>		<table border="1"><tr><td>C</td><td>C00541862</td></tr></table>		C	C00541862																				
C	C00541862																								
Mailing Address 600 Pennsylvania Ave SE Unit 15180		Transaction ID : 3E2887D6168																							
City Washington		State DC	Zip Code 20003-7508																						
Purpose of Disbursement 2026 Primary		<table border="1"><tr><td>011</td></tr></table>		011																					
011																									
Candidate Name Clark, Katherine, , ,		Category/ Type																							
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 05																								
Full Name (Last, First, Middle Initial)		Amount of Each Disbursement this Period																							
<b>C. Rulli For Ohio</b>		<table border="1"><tr><td>2500.00</td></tr></table>		2500.00																					
2500.00																									
Mailing Address PO Box 2971		<table border="1"><tr><td><input type="checkbox"/> Memo Item</td></tr></table>		<input type="checkbox"/> Memo Item																					
<input type="checkbox"/> Memo Item																									
City Youngstown		State OH	Zip Code 44511-0971																						
Purpose of Disbursement 2026 General		<table border="1"><tr><td>011</td></tr></table>		011																					
011																									
Candidate Name Rulli, Michael, , ,		Category/ Type																							
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 06																								
SUBTOTAL of Disbursements This Page (optional)..... ►		<table border="1"><tr><td>7500.00</td></tr></table>		7500.00																					
7500.00																									
TOTAL This Period (last page this line number only)..... ►		<table border="1"><tr><td>,</td><td>,</td><td>,</td><td>,</td></tr></table>		,	,	,	,																		
,	,	,	,																						

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 16 OF 16

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input checked="" type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Steve Daines For Montana**

Mailing Address PO Box 8000

City Bozeman	State MT	Zip Code 59719-8000
-----------------	-------------	------------------------

Purpose of Disbursement

2026 Primary

Candidate Name

Daines, Steve, , ,

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026
State: MT	District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

Date of Disbursement

<input type="checkbox"/> M M 01	/	<input type="checkbox"/> D D 21	/	<input type="checkbox"/> Y Y Y Y Y Y 2026
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FEC Identification Number

**C C00491357**

Transaction ID : 8655A62FCD

Amount of Each Disbursement this Period

1000.00
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 Memo Item

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**Mailing Address PO Box 1362  
317 W Washington Ave

City Jackson	State MI	Zip Code 49204-1362
-----------------	-------------	------------------------

Purpose of Disbursement

2026 General

Candidate Name

Walberg, Tim, , ,

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026
State: MI	District: 05	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼

Date of Disbursement

<input type="checkbox"/> M M 01	/	<input type="checkbox"/> D D 13	/	<input type="checkbox"/> Y Y Y Y Y Y 2026
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FEC Identification Number

**C C00390724**

Transaction ID : FE390FC093F

Amount of Each Disbursement this Period

2500.00
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 Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

Date of Disbursement

<input type="checkbox"/> M M	/	<input type="checkbox"/> D D	/	<input type="checkbox"/> Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

3500.00
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 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

3500.00

25500.00