

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Nationwide Mutual Insurance Company Political Action Committee

ADDRESS (number and street)

One Nationwide Plaza

1-32-301

Check if different  
than previously  
reported. (ACC)

Columbus

OH

43215

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00076174

3. IS THIS  
REPORTNEW  
(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 Year-End 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 (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

\_\_\_\_\_

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

\_\_\_\_\_

5. Covering Period

M M / 01 /

D D / 01 /

Y Y Y Y / 2026

through

M M / 01 /

D D / 31 /

Y Y Y Y / 2026

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

English, Steven, , ,

Signature of Treasurer

English, Steven, , ,

Date

M M / 02 /

D D / 13 /

Y Y Y Y / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Nationwide Mutual Insurance Company 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 Y 2026	216890.79
(b) Cash on Hand at Beginning of Reporting Period.....	216890.79	
(c) Total Receipts (from Line 19) .....	17539.66	17539.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	234430.45	234430.45
7. Total Disbursements (from Line 31).....	18000.00	18000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	216430.45	216430.45
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 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 Political Action Committee

Report Covering the Period: From:

M M  
01D D  
01Y Y Y Y Y  
2026

To:

M M  
01D D  
31Y Y Y Y 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).....	1741.50	1741.50
(ii) Unitemized .....	15798.16	15798.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	17539.66	17539.66
(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) .....	17539.66	17539.66
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)) .....	17539.66	17539.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17539.66	17539.66

## 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.....	0.00	0.00
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).....	18000.00	18000.00
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))..	18000.00	18000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	18000.00

# 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) .....	17539.66	17539.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17539.66	17539.66
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 11

(check only one)

11a  11b  11c  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 Political Action Committee

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

**A.** Bretz, Angela, D.,

Mailing Address 1 Nationwide Plz

City Columbus	State OH	Zip Code 43215-2226
------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01 /  D D 23 /  Y Y Y Y Y 2026

**Transaction ID : EMP2026011526**

Amount of Each Receipt this Period

130.00

Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Human Resources Business Part

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

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

**B.** Destin, Joseph, ,

Mailing Address 26 Putnam Park Rd

City Bethel	State CT	Zip Code 06801-2221
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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 Y 2026

**Transaction ID : EMP202601151045**

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

VP, Planning and Transformation - E-R

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

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

**C.** English, Steven, 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 Y 2026

**Transaction ID : EMP20260115578**

Amount of Each Receipt this Period

130.00

Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, External Affairs

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

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

452.30

**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 OF 11

(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 Political Action Committee

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

**A.** Failor, Scott, E.,

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 Y 2026

Transaction ID : EMP20260115189

Amount of Each Receipt this Period

130.00

Memo Item

Name of Employer (for Individual)

Nationwide SVP, Trial Division

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

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

**B.** Furniss, Natalie, Trishman, ,

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 Y 2026

Transaction ID : EMP20260115991

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide SVP, Corporate Operations & Litigation

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

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

**C.** Innis-Thompson, Janice, L., ,

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 Y 2026

Transaction ID : EMP202601151027

Amount of Each Receipt this Period

130.00

Memo Item

Name of Employer (for Individual)

Nationwide SVP, Legal - NF

Receipt For:

Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

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

452.30

**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 11

(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 Political Action Committee

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

A. Kempton, Casey, E.,

Mailing Address 109 Arbor Dr

City Ho Ho Kus	State NJ	Zip Code 07423-1661
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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 : EMP202601151057

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

President, P&amp;C Personal Lines

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. Liggett, Brad, Ray, ,

Mailing Address 1100 Locust St

City Des Moines	State IA	Zip Code 50391-1100
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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 : EMP20260115308

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

President, NW Agribusiness

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. Lopes, John, Santos, ,

Mailing Address 1 Battery Park Plaza

City New York	State NY	Zip Code 10004-1405
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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
-----------	---	-----------	---	-----------------

Transaction ID : EMP20260115715

Amount of Each Receipt this Period

130.00

 Memo Item

Name of Employer (for Individual)

Nationwide

Occupation (for Individual)

SVP, Alternative Ventures &amp; Emerging M

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 11

(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 Political Action Committee

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

A. Murray, Lindsey, , ,

Mailing Address 3444 Cosby Pl

City Charlotte	State NC	Zip Code 28205-3828
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y  
01      23      2026

Transaction ID : EMP202601151063

Amount of Each Receipt this Period

130.00

Memo Item

Name of Employer (for Individual)

Nationwide      Occupation (for Individual)  
President, Group Benefits

Receipt For:

Primary       General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

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

B. Rommel, Jeff, M, ,

Mailing Address 1100 Locust St

City Des Moines	State IA	Zip Code 50391-1100
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y  
01      23      2026

Transaction ID : EMP20260115313

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Nationwide      Occupation (for Individual)  
SVP, Personal Lines Operations

Receipt For:

Primary       General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

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

C.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M / D = D / Y = Y  
      /      /

Amount of Each Receipt this Period

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary       General  
 Other (specify)

Aggregate Year-to-Date ▼

322.30

Memo Item

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

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

1741.50

**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 10 OF 11

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

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Demetriou For Ohio**Mailing Address 8472 E. Washington Street  
Suite 226

City Chagrin Falls State OH Zip Code 44023

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Date of Disbursement

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

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. Hawkins For Ohio**

Mailing Address 5400 Waring Drive

City Cincinnati State OH Zip Code 45243

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Date of Disbursement

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

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. Matt Huffman for Ohio**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Date of Disbursement

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

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State:

District:

FEC Identification Number

<input type="checkbox"/>	C	
<input type="checkbox"/>	Transaction ID : 4C1F2366831	

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

,	,	,	,	,	,
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# 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 11 OF 11

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

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NAME OF COMMITTEE (In Full)

Nationwide Mutual Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ohio House Republican Organizational Committee (OHROC)**

Mailing Address 9856 Archer Lane

City Dublin	State OH	Zip Code 43017
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Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011  
Category/  
Type

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
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C
----------------------------

Transaction ID : 06C260B3C3I

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Office Sought:

<input type="checkbox"/>
House
<input type="checkbox"/>
Senate
<input type="checkbox"/>
President

Disbursement For:

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

State: District:

Full Name (Last, First, Middle Initial)

**B. Republican Senate Campaign Committee (RSCC)**

Mailing Address 4679 Winterset Drive

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011  
Category/  
Type

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
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C
----------------------------

Transaction ID : 5D65D3FE48E

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Office Sought:

<input type="checkbox"/>
House
<input type="checkbox"/>
Senate
<input type="checkbox"/>
President

Disbursement For:

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

State: District:

Full Name (Last, First, Middle Initial)

**C. Sprague for Ohio**

Mailing Address 4679 Winterset Drive

City Columbus	State OH	Zip Code 43220
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Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011  
Category/  
Type

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

<input type="checkbox"/> C
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Transaction ID : 817FB72AD1

Amount of Each Disbursement this Period

2500.00
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Memo Item

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

12500.00

12500.00
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18000.00
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TOTAL This Period (last page this line number only)..... ►