



Contributions from a Corporation or Labor Organization Supporting or Opposing a Ballot Issue

Form 30-B-1

ORC 3599.03

Name of Corporation or Labor Organization Nationwide Mutual Insurance Company				
Street Address One Nationwide Plaza		City Columbus	State OH	Zip 43215
Type of Report: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Pre-Special <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Post-Primary <input type="checkbox"/> Post-General <input type="checkbox"/> Post-Special <input type="checkbox"/> Semiannual			Year <div style="border: 1px solid black; padding: 2px;">2017</div>	Election Date (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px;">11/08/2016</div>
Contribution Information				
Receiving Committee Successful Schools Committee				Date (MM/DD/YYYY) 07/27/2017
Street Address 191 W. Nationwide Blvd., Suite 300		City Columbus	State OH	Zip 43215 Amount 5,000.00
Ballot Issue Description/Ballot Issue Number Columbus Schools			Cash/Check/Item/Service Check	
Receiving Committee				Date (MM/DD/YYYY)
Street Address		City	State	Zip Amount
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service	
Receiving Committee				Date (MM/DD/YYYY)
Street Address		City	State	Zip Amount
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service	
Receiving Committee				Date (MM/DD/YYYY)
Street Address		City	State	Zip Amount
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service	
Receiving Committee				Date (MM/DD/YYYY)
Street Address		City	State	Zip Amount
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service	

**THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Signature of Authorized Representative

11/24/2018

Date (MM/DD/YYYY)

Donald B. Leach, Treasurer

Print Name and Title