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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 0 1 27 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/305 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 17121.68 January 1 (b) Cash on Hand at 23123.48 Begining of Reporting Period ..... 20899.80 41479.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 44023.28 58601.28 6(a) and 6(c) for Column B) ..... 30080.00 44658.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 13943.28 13943.28 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

For further information contact:

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 305

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period:

From:

0 7 0 1

2009

та.

м м 1 2 D D 31

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	19828.80	26909.80
	(ii) Unitemized	1071.00	14569.80
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20899.80	41479.60
(	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20899.80	41479.60
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	20899.80	41479.60
	otal Federal Receipts subtract Line 18(c) from Line 19)	20899.80	41479.60

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 305

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	20.00	E9.00
	Expenditures	30.00	58.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	30.00	58.00
22.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	9500.00	16000.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	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	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	20550.00	28600.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30080.00	44658.00
20	Total Fodoral Dishurgomenta		
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		

## **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20899.80	41479.60
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20899.80	41479.60
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30.00	58.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	58.00

FE6AN026

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (		
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43016  C  Occupation VP Life Operations Aggregate Year-to-Date  420.00	Date of Receipt    M M   D D   2009   Transaction ID: SA11AI.11468   Amount of Each Receipt this Period   30.00   Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43016  C  Occupation VP Life Operations  Aggregate Year-to-Date   450.00	Date of Receipt  M M M 24 2009  Transaction ID: SA11AI.11542  Amount of Each Receipt this Period  30.00  Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43016  C  Occupation VP Life Operations Aggregate Year-to-Date  480.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle Loop	Ctata 7in Code	08 21 2009
City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.11700  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle Loop	09 04 2009	
City	State Zip Code	Transaction ID: SA11AI.11777
<u>Dublin</u>	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle Loop		09 18 2009
City	State Zip Code	Transaction ID: SA11AI.11867
Dublin  FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period  30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
Mailing Address 5658 Tynecastle Loo	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.11948  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Michael J. Agan	<b>_</b>		Date of Receipt
Mailing Address 5658 Tynecastle Loo	10 16 2009		
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12027  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life (	n Operations	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
Mailing Address 5658 Tynecastle Loo	10 30 2009		
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12103
FEC ID number of contributing federal political committee.	C	45010	Amount of Each Receipt this Period  30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	_ ' '	Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional)			90.00

	EDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		COMPANT	SIVIC I GIVD	
Mic.	l Name (Last, First, Middle Initial) shael J. Agan			Date of Receipt
Mai 	iling Address 5658 Tynecastle Loop			111 / 13 / 2009
City	y ıblin	State OH	Zip Code 43016	Transaction ID: SA11AI.12186  Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	45010	30.00
Nar Mo	me of Employer torists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00	
. Mic	l Name (Last, First, Middle Initial) chael J. Agan	1		Date of Receipt
Mai	Mailing Address 5658 Tynecastle Loop			11 25 2009
City		State	Zip Code	Transaction ID: SA11AI.12262
FE	ublin C ID number of contributing eral political committee.	OH C	43016	Amount of Each Receipt this Period  30.00
Nar Mo	me of Employer torists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
	I Name (Last, First, Middle Initial)	1		Date of Receipt
Mai	Mailing Address 5658 Tynecastle Loop			12 11 2009
City	y Iblin	State OH	Zip Code 43016	Transaction ID: SA11Al.12340  Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	45010	30.00
Nai Mo	me of Employer torists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SURT	OTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 305   (check only one)				
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pename and address of any political committe	erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	• • • • • • • • • • • • • • • • • • • •					
Full Name (Last, First, Middle Initial)  A. Michael J. Agan		Date of Receipt				
	·					
City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.12415  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay				
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  780.00					
Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt				
Mailing Address 1390 Picardae Court	07 10 2009					
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.11469  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	80.00				
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay				
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00					
Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt				
Mailing Address 1390 Picardae Court		07 24 2009				
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.11543  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C ID number of contributing					
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	•				
SUBTOTAL of Receipts This Page (optional) .	1	190.00				
TOTAL This Period (last page this line number	r only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 305 (check only one)    X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			08 07 2009
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11617  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1280.00	
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.11701
	Powell  FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period  80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1360.00	
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			0 9 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11778
	Powell  FEC ID number of contributing federal political committee.	ОН	43065	Amount of Each Receipt this Period  80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1440.00	
61	UBTOTAL of Receipts This Page (optional) .			240.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 305 (check only one)    X   11a
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) ORISTS MUTUAL INSURANCE (	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
John J Mailing City Powe FEC II federa	O number of contributing political committee.	State OH C	Zip Code 43065	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Co.</u> Receip	ot For:  Primary General  Other (specify)		n, President and CEO e Year-to-Date ▼ 1520.00	
John J	Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court			Date of Receipt  1 0 0 2 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.11950
Powe		OH	43065	Amount of Each Receipt this Period
federa	O number of contributing political committee.	С		80.00  Payroll deduction of \$80
Co.	of Employer sts Mutual Insurance	. '	n, President and CEO	per pay
	or For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00	]
John J	ame (Last, First, Middle Initial) . Bishop g Address 1390 Picardae Court	1		Date of Receipt  1 0 1 6 2 0 0 9
City		State	Zip Code	1 0 1 6 2 0 0 9 Transaction ID: SA11AI.12029
Powe	ll .	ОН	43065	Amount of Each Receipt this Period
	O number of contributing I political committee.	C		80.00
Name Motori <u>Co.</u> Receir	of Employer sts Mutual Insurance	. '	n, President and CEO	Payroll deduction of \$80 per pay
i	Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1680.00	
SURTO	AL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	IIII 3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 305   (check only one)
Any information copied from such R or for commercial purposes, other th	eports and Statements may an using the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full MOTORISTS MUTUAL INS		CIVIC FUND	
Full Name (Last, First, Middle Ini John J. Bishop	ial)		Date of Receipt
Mailing Address 1390 Picard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12105  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1760.00	
Full Name (Last, First, Middle Ini	ial)		Date of Receipt
Mailing Address 1390 Picard	1 1 1 3 2 0 0 9		
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12188  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	80.00
Name of Employer Motorists Mutual Insurance	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
Co. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1840.00	
Full Name (Last, First, Middle Ini John J. Bishop	ial)		Date of Receipt
Mailing Address 1390 Picard	1 1 2 5 2 0 0 9		
City Powell	State OH	Zip Code	Transaction ID: SA11AI.12264
FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period  80.00
Name of Employer Motorists Mutual Insurance Co.		n, President and CEO	Payroll deduction of \$80 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1920.00	]
SUBTOTAL of Receipts This Page	(antional)		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Chairman, President and CEO Aggregate Year-to-Date  2000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Chairman, President and CEO Aggregate Year-to-Date  2080.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers  Mailing Address S86 W33540 Short I  City Mukwonago  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	Orive  State Zip Code WI 53149-9306  C  Occupation Director  Aggregate Year-to-Date ▼  375.00	Date of Receipt  M M M 21 2009  Transaction ID: SA11AI.11759  Amount of Each Receipt this Period  125.00  Payroll deduction of \$125 per pay
SUBTOTAL of Receipts This Page (optional)	·	285.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 305 (check only one)    X
or for o	oformation copied from such Reports and St commercial purposes, other than using the NME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Mr. <u>Mr</u> .	II Name (Last, First, Middle Initial) . Richard B. Bowers ailing Address S86 W33540 Short Dri	ve State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
FE	ukwonago  C ID number of contributing deral political committee.	C	53149-9306	Amount of Each Receipt this Period
	exeme of Employer wa Mutual Ins. Co.  secipt For: Primary General Other (specify)	Occupation Director Aggregate	Year-to-Date ▼ 500.00	Director retainer deduction of \$125 per qtr
. Mrs	II Name (Last, First, Middle Initial) s. Annette Braet ailing Address 1831 265th Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: SA11AI.11454
FE	alamus C ID number of contributing deral political committee.	C	52729	Amount of Each Receipt this Period  20.00  Payroll deduction of \$20
	me of Employer wa Mutual Ins. Co.  ceipt For: Primary General Other (specify) ▼	Occupation V. P. Info Aggregate		per pay
	II Name (Last, First, Middle Initial) s. Annette Braet			Date of Receipt
Ma	ailing Address 1831 265th Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Cit		State	Zip Code	Transaction ID: SA11AI.11528
FE	alamus C ID number of contributing deral political committee.	C	52729	Amount of Each Receipt this Period  20.00
	me of Employer va Mutual Ins. Co.	Occupation V. P. Info		Payroll deduction of \$20 per pay
Re	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
SUBT	TOTAL of Receipts This Page (optional)			165.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any politica	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street	State Zip Code	0 8 0 7 2 0 0 9 2 0 0 9
	City Calamus	State Zip Code IA 52729	Transaction ID: SA11AI.11602  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	320.00
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street		Date of Receipt
			08 21 2009
	City	State Zip Code	Transaction ID: SA11AI.11683
	Calamus  FEC ID number of contributing federal political committee.	IA 52729	Amount of Each Receipt this Period  20.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	340.00
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.11763
	<u>Calamus</u>	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	360.00
ſ,	SUBTOTAL of Receipts This Page (optional) .		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet  Mailing Address 1831 265th Street  City Calamus	State Zip Code IA 52729	Date of Receipt  0 9 18 2 0 0 9  Transaction ID: SA11AI.11853  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼  380.00	Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mrs. Annette Braet  Mailing Address 1831 265th Street  City	State Zip Code	Date of Receipt  10 02 2009  Transaction ID: SA11AI.11934
Calamus  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼  400.00	Amount of Each Receipt this Period  20.00  Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street  City Calamus  FEC ID number of contributing federal political committee.	State Zip Code IA 52729	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼  420.00	Payroll deduction of \$20 per pay
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORISTS MOTORE INSURANCE	COMPANT GIVICTOND	
Full Name (Last, First, Middle Initial)  Mrs. Annette Braet  Mailing Address 1831 265th Street		Date of Receipt
		10 30 2009
City	State Zip Code	Transaction ID: SA11AI.12089
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		M M / D D / Y Y Y Y Y 1 1 1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.12169
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		11 25 2009
City	State Zip Code	Transaction ID: SA11AI.12247
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)		60.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mrs. Annette Braet  Mailing Address 1831 265th Street  City  Calamus  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code IA 52729  C  Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Annette Braet  Mailing Address 1831 265th Street  City Calamus  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52729  C  Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼  520.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) William P. Brestle  Mailing Address 3979 Chancellor Drive  City Grove city  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assist. V. P.  Aggregate Year-to-Date  210.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  William P. Brestle  Mailing Address 3979 Chancellor Driv	0	Date of Receipt
City	State Zip Code	0 7 2 4 2 0 0 9  Transaction ID: SA11AI.11544
Grove city	OH 4 <u>3</u> 123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancellor Driv	е	08 / 07 / Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11618
Grove city	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancellor Driv		08 / 21 / Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11702
Grove city	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
OUDTOTAL (D. 11 TU D. 11 T		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 7
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) William P. Brestle  Mailing Address 3979 Chancellor Drive  City Grove city  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	e  State Zip Code OH 43123  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  270.00	Date of Receipt  O 9 O 4 O 2 O 0 9  Transaction ID: SA11AI.11779  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) William P. Brestle  Mailing Address 3979 Chancellor Drive  City  Grove city  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	e  State Zip Code OH 43123  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  285.00	Date of Receipt  M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William P. Brestle  Mailing Address 3979 Chancellor Drive  City Grove city  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	e  State Zip Code OH 43123  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 22 / 305   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
Mailing Address 3979 Chancellor Dri	ive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12030  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
Mailing Address 3979 Chancellor Dri	ive		10 30 2009
City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12106  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.120	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
Mailing Address 3979 Chancellor Dri	ive		11 13 2009
City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12189  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40120	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional	I		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 23 / 305   (check only one)
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
	Mailing Address 3979 Chancellor Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12265  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
	Mailing Address 3979 Chancellor Drive			12 11 2009
	City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12343  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.120	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
	Mailing Address 3979 Chancellor Drive			1 2 2 3 2 0 0 9
	City Grove city	State OH	Zip Code 43123	Transaction ID: SA11AI.12418
	FEC ID number of contributing federal political committee.	C	40120	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
_	UBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE OF	name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 203  City Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General	State Zip Code OH 43066  C Occupation Assistant V. P. Aggregate Year-to-Date ▼	Date of Receipt  0 7 10 2009  Transaction ID: SA11AI.11455  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Jon A. Bright  Mailing Address 5300 State Route 203	210.00	Date of Receipt  0 7 2 4 2 0 0 9
City  Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43066  C  Occupation Assistant V. P.  Aggregate Year-to-Date ▼  225.00	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 203  City Radnor	State Zip Code OH 43066	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:	OCcupation Assistant V. P. Aggregate Year-to-Date	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	240.00	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright  Mailing Address 5300 State Route 203  City Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43066  C Occupation Assistant V. P. Aggregate Year-to-Date  255.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright  Mailing Address 5300 State Route 203  City  Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43066  C Occupation Assistant V. P. Aggregate Year-to-Date  270.00	Date of Receipt  M M M / D D M 2009  Transaction ID: SA11AI.11764  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright  Mailing Address 5300 State Route 203  City Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43066  C Occupation Assistant V. P. Aggregate Year-to-Date ▼	Date of Receipt  M M J 2009  Transaction ID: SA11AI.11854  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/305   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt
Mailing Address 5300 State Route 20	3		10 02 2009
City Radnor	State OH	Zip Code	Transaction ID: SA11AI.11935
FEC ID number of contributing federal political committee.	C	43066	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt
Mailing Address 5300 State Route 20	3		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Radnor	State OH	Zip Code 43066	Transaction ID: SA11AI.12014
FEC ID number of contributing federal political committee.	C	43000	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt
Mailing Address 5300 State Route 20	3		10 30 2009
City Radnor	State OH	Zip Code 43066	Transaction ID: SA11AI.12090
FEC ID number of contributing federal political committee.	C	45000	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	<b>I</b>		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 305 (check only one)    X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203	7.0.1	111 13 2009
City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.12170  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 203		Date of Receipt
City	State Zip Code	11 25 2009
Radnor	OH 43066	Transaction ID: SA11AI.12248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12326
Radnor  FEC ID number of contributing federal political committee.	OH 43066	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	45.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal committee to any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203  City	State Zip Code	1 2 2 3 2 0 0 9  Transaction ID: SA11AI.12400
Radnor	OH 43066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Tom Brock Mailing Address - CCF Was adducted Ct		Date of Receipt
Mailing Address 665 Woodduck Ct.		07 10 2009
City	State Zip Code	Transaction ID: SA11AI.11471
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00  Payroll deduction of \$15
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt
Mailing Address 665 Woodduck Ct.		07 24 2009
City	State Zip Code	Transaction ID: SA11AI.11545
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00  Payroll deduction of \$15
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		45.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 29 / 305   (check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (			odiot contributoro non oden committee.
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			08 07 2009
City	State	Zip Code	Transaction ID: SA11AI.11619
Columbus  FEC ID number of contributing federal political committee.	OH OH	43215	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43215	Transaction ID: SA11AI.11703  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102.0	15.00
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code	Transaction ID: SA11AI.11780
FEC ID number of contributing federal political committee.	C	43215	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Brock  Mailing Address 665 Woodduck Ct.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co  Receipt For: Primary General Other (specify)	State Zip Code OH 43215  C  Occupation Asst. VP  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tom Brock  Mailing Address 665 Woodduck Ct.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co  Receipt For: Primary General Other (specify)	State Zip Code OH 43215  C  Occupation Asst. VP  Aggregate Year-to-Date  300.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Tom Brock  Mailing Address 665 Woodduck Ct.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co  Receipt For: Primary General Other (specify)	State Zip Code OH 43215  C  Occupation Asst. VP  Aggregate Year-to-Date ▼  315.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 305   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCI	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			10 30 7 2009
City Columbus	State OH	Zip Code 43215	Transaction ID: SA11AI.12107  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40210	15.00
Name of Employer Motorists Mutual Ins Co	Occupatio Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼	<del>-   '</del>	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			1 1 1 3 2 0 0 9
City Columbus	State OH	Zip Code 43215	Transaction ID: SA11AI.12190  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10210	15.00
Name of Employer Motorists Mutual Ins Co	Occupatio Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Tom Brock			Date of Receipt
Mailing Address 665 Woodduck Ct.			1 1 2 5 2 0 0 9
City Columbus	State OH	Zip Code 43215	Transaction ID: SA11AI.12266
FEC ID number of contributing federal political committee.	C	45215	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co	Occupatio Asst. VP	n	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt
Mailing Address 665 Woodduck Ct.	Ohata 7'- Oada	12 11 2009
City Columbus	State Zip Code OH 43215	Transaction ID: SA11AI.12344  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Tom Brock Mailing Address 665 Wooddwak Ct		Date of Receipt
Mailing Address 665 Woodduck Ct.		12 23 2009
City	State Zip Code	Transaction ID: SA11AI.12419
Columbus  FEC ID number of contributing federal political committee.	OH 43215	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
Mailing Address 6984 Linbrook Blvd.		07 10 / Y Y Y Y Y Y
City Columbus	State Zip Code OH 43235	Transaction ID: SA11AI.11472
FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		45.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number	·	45.0

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 33 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any p	political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
∠/ <b>4.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ B.	Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		·····•	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 305 (check only one)  X 11a 11b 11c 12 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  270.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  285.00	Date of Receipt    M   M   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional) .	•	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any perso the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date  315.00	Date of Receipt  10 16 2009  Transaction ID: SA11AI.12032  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date   330.00	Date of Receipt  M M J 30 2009  Transaction ID: SA11AI.12108  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	45.00

or fo			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
1 /	information copied from such Reports and Sor commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
_	Mailing Address 6984 Linbrook Blvd.		7: 0.1	11 25 2009
	City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.12267  Amount of Each Receipt this Period
- F	FEC ID number of contributing ederal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
F	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
i. <u>I</u>	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
N	Mailing Address 6984 Linbrook Blvd.			12 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.12345
<u>(</u>	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		15.00
1	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
N	Mailing Address 6984 Linbrook Blvd.			12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12420
F	Columbus FEC ID number of contributing ederal political committee.	OH C	43235	Amount of Each Receipt this Period  15.00
1	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
SII	BTOTAL of Receipts This Page (optional)	1		45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(Crieck only one)
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C Occupation Assist. V. P. Aggregate Year-to-Date  210.0	Date of Receipt  M M M D D D 2009  Transaction ID: SA11AI.11473  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date  225.0	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C Occupation Assist. V. P. Aggregate Year-to-Date  240.0	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 305 (check only one)    X
or f	y information copied from such Reports and or commercial purposes, other than using the	Statements may be name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions
١.	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N  City	I State	Zip Code	0 8 2 1 2 0 0 9  Transaction ID: SA11AI.11705
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 255.00	
	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11782
	Westerville	ОН	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
_	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	per pay
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
	Other (specify)		270.00	
	Full Name (Last, First, Middle Initial) Thomas D. Campana	1		Date of Receipt
	Mailing Address 6436 Meadow Glen N	I		09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.11872
•	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00  Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
	JBTOTAL of Receipts This Page (optional) .			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
Mailing Address 6436 Meadow Glen N  City	State Zip Code	1 0 0 2 2 0 0 9  Transaction ID: SA11AI.11954
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas D. Campana  Meiling Address - CASC Mandaux Class N		Date of Receipt
Mailing Address 6436 Meadow Glen N		10 16 2009
City	State Zip Code	Transaction ID: SA11AI.12033
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
Mailing Address 6436 Meadow Glen N		10 30 7 2009
City	State Zip Code	Transaction ID: SA11AI.12109
Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
TOTAL This Period (last page this line number	•	

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Roor for commercial purposes, other th	eports and Statements may not be sold or used by any per an using the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Init Thomas D. Campana	ial)	Date of Receipt
Mailing Address 6436 Meado	w Glen N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12192
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Init Thomas D. Campana	ial)	Date of Receipt
Mailing Address 6436 Meado	w Glen N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12268
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Init	ial)	Date of Receipt
Mailing Address 6436 Meado	w Glen N	1 2 1 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.12346
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	375.00	
		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 305 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any pers he name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen I City Westerville FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	N State Zip Code OH 43082  C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt  1 2 2 3 2 0 0 9  Transaction ID: SA11AI.12421  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Grady Campbell  Mailing Address 5760 Whispering Tra  City  Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43021  C  Occupation Vice President  Aggregate Year-to-Date   350.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Grady Campbell  Mailing Address 5760 Whispering Tra  City Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 43021  C  Occupation Vice President  Aggregate Year-to-Date  375.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
Mailing Address 5760 Whispering Trail		08 07 2009
City <u>Galena</u>	State Zip Code OH 43021	Transaction ID: SA11AI.11622  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail		Date of Receipt
		08 21 2009
City Galena	State Zip Code OH 43021	Transaction ID: SA11AI.11706
FEC ID number of contributing federal political committee.	C 45021	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.11783
Galena FEC ID number of contributing federal political committee.	OH 43021	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail  City Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43021  C  Occupation Vice President  Aggregate Year-to-Date  475.00	Date of Receipt    M   M   2 0 0 9     Transaction ID: SA11AI.11873    Amount of Each Receipt this Period     25.00     Payroll deduction of \$25     per pay
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail  City Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43021  C  Occupation Vice President  Aggregate Year-to-Date   500.00	Date of Receipt  M M O D D C 2009  Transaction ID: SA11AI.11955  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail  City Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 43021  C  Occupation Vice President  Aggregate Year-to-Date   525.00	Date of Receipt    M   M   1   0   1   6   2   0   0   9
SUBTOTAL of Receipts This Page (optional)		75.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 305 (check only one)    X   11a
or for commerci	copied from such Reports and St al purposes, other than using the COMMITTEE (In Full) TS MUTUAL INSURANCE O	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Grady Ca Mailing Addr City Galena	ast, First, Middle Initial) mpbell ess 5760 Whispering Trail ber of contributing	State OH	Zip Code 43021	Date of Receipt  1 0 3 0 2 0 0 9  Transaction ID: SA11AI.12110  Amount of Each Receipt this Period
Name of Em Motorists Mu Receipt For:	ployer itual Ins. Co.	Occupation Vice Pres Aggregate		Payroll deduction of \$25 per pay
Mr. Grady Ca Mailing Addr City Galena FEC ID num federal polition Name of Em Motorists Mu Receipt For: Primar	ber of contributing cal committee.	State OH C Occupation Vice Pres Aggregate		Date of Receipt  M M M / D D D 2 2 0 0 9  Transaction ID: SA11AI.12193  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Mr. Grady Ca Mailing Addr  City Galena FEC ID num federal politic  Name of Em Motorists Mu  Receipt For:	ber of contributing cal committee.	State OH C Occupation Vice Pres Aggregate		Date of Receipt  1 1 2 5 2 0 0 9  Transaction ID: SA11AI.12269  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOTAL of	Receipts This Page (optional)			75.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.	State Zip Code OH 43021  C  Occupation Vice President	Date of Receipt  1 2 1 1 2 2 0 0 9  Transaction ID: SA11AI.12347  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
_	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	25.00
	Mr. Grady Campbell  Mailing Address 5760 Whispering Trail  City	State Zip Code	Date of Receipt    M
	Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  □ Primary □ General □ Other (specify) ▼	OH 43021  C  Occupation Vice President  Aggregate Year-to-Date  68	Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
	Full Name (Last, First, Middle Initial) John D. Coffman  Mailing Address 7042 Tralee Drive  City	State Zip Code	Date of Receipt    M M
	Dublin FEC ID number of contributing federal political committee.	OH 43017	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	Occupation VP Tax Division Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
Γ	SUBTOTAL of Receipts This Page (optional)		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 305 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
	Mailing Address 7042 Tralee Drive  City	State	Zip Code	0 7 2 4 2 0 0 9  Transaction ID: SA11AI.11549
	Dublin FEC ID number of contributing	ОН	43017	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary Other (specify)	Occupation VP Tax Divis Aggregate Yea		Payroll deduction of \$25 per pay
	Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive	.1		Date of Receipt  0 8 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11623
	Dublin	OH	43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Divis		Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
	Mailing Address 7042 Tralee Drive			08 21 2009
	City		Zip Code	Transaction ID: SA11AI.11708
	Dublin  FEC ID number of contributing federal political committee.	ОН	43017	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Tax Divis		Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 425.00	
	UBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCI	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
Mailing Address 7042 Tralee Drive		09 04 2009
City	State Zip Code	Transaction ID: SA11Al.11784
<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11874
<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com-	Occupation VP Tax Division	Payroll deduction of \$25 per pay
pany Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	475.00	
Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
Mailing Address 7042 Tralee Drive		10 02 2009
City	State Zip Code	Transaction ID: SA11AI.11956
Dublin	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	Payroll deduction of \$25 per pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive			Date of Receipt
Mailing Address 7042 Tralee Drive  City	State	Zip Code	1 0 1 6 2 0 0 9  Transaction ID: SA11Al.12035
Dublin	ОН	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Ins. Company	Occupatio VP Tax [		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive			Date of Receipt
Walling Address 7042 Trafee Drive			10 30 2009
City	State	Zip Code	Transaction ID: SA11AI.12111
<u>Dublin</u>	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio VP Tax [		Payroll deduction of \$25 per pay
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		550.00	
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			11 1 13 7 2009
City	State	Zip Code	Transaction ID: SA11AI.12194
Dublin	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00  Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio VP Tax [	Division	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 575.00	
SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 49 / 305   (check only one)     X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			1 1 2 5 2 0 0 9
City Dublin	State OH	Zip Code 43017	Transaction ID: SA11AI.12270
FEC ID number of contributing federal political committee.	C	43017	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax D		Payroll deduction of \$25 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			12 11 2009
City Dublin	State OH	Zip Code 43017	Transaction ID: SA11AI.12348  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70017	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax D		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			12 23 2009
City Dublin	State OH	Zip Code 43017	Transaction ID: SA11AI.12423
FEC ID number of contributing federal political committee.	C	43017	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax [	Division	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional	)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 305 (check only one)    X   11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	COMPANT OFFICE COLD	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole  Mailing Address 712 South 9th Street	Ct.	Date of Receipt
	State Zip Code	07 10 2009
City Eldridge	IA 52748	Transaction ID: SA11AI.11456  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer lowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street	Ct.	07 24 2009
City	State Zip Code	Transaction ID: SA11AI.11530
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P. Marketing/Claims	per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street	Ct.	08 07 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.11604
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P. Marketing/Claims	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional) .	•	75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 51 / 305   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Street	et Ct.		08 21 2009
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32.740	25.00
Name of Employer lowa Mutual Insurance Company	Occupation Sr. V. P.	n Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	<del></del>	Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Street	et Ct.		0 9 0 4 2 0 0 9
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11765  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OE/ TO	25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P.	n Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Street	et Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11855  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32.740	25.00
Name of Employer lowa Mutual Insurance Com- pany	<del>- ' '</del>	Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (optional	I SI)		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 52 / 305   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Stre	et Ct.		10 02 2009
	State	Zip Code	Transaction ID: SA11AI.11936
Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period  25.00
Name of Employer lowa Mutual Insurance Company	Occupation Sr. V. P.	n Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Stre	et Ct.		10 16 2009
City Eldridae	State IA	Zip Code 52748	Transaction ID: SA11AI.12015  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OE/10	25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P.	n Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Stre	et Ct.		10 30 2009
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.12091
FEC ID number of contributing federal political committee.	C	32740	Amount of Each Receipt this Period  25.00
Name of Employer lowa Mutual Insurance Com- pany	<del>- ' '</del>	Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]
SUBTOTAL of Receipts This Page (option:	al)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personal ename and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole  Mailing Address 712 South 9th Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Insurance Company Receipt For: Primary General Other (specify)	Ct.  State Zip Code IA 52748  C  Occupation Sr. V. P. Marketing/Claims  Aggregate Year-to-Date   575.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole  Mailing Address 712 South 9th Street  City  Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Insurance Company Receipt For:  Primary General Other (specify)	Ct.  State Zip Code IA 52748  C  Occupation Sr. V. P. Marketing/Claims  Aggregate Year-to-Date  600.00	Date of Receipt  M M M / 25 / 2009  Transaction ID: SA11AI.12249  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole  Mailing Address 712 South 9th Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Insurance Company Receipt For: Primary General Other (specify)	Ct.  State Zip Code IA 52748  C  Occupation Sr. V. P. Marketing/Claims  Aggregate Year-to-Date  625.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional) .		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 305 (check only one)    X   11a
(	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street C  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Insurance Company Receipt For:	State IA  C Occupation Sr. V. P.	Zip Code 52748  on Marketing/Claims e Year-to-Date	Date of Receipt    M   M   2 3   2 0 0 9
_	Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road, S  City Pataskala	State OH	Zip Code 43062	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	Occupation Assist. V	on .	Payroll deduction of \$15 per pay
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road, S  City Pataskala  FEC ID number of contributing federal political committee.	State OH	Zip Code 43062	Date of Receipt    M M
_	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary  Other (specify) ▼	Occupation Assist. V		Payroll deduction of \$15 per pay
	SUBTOTAL of Receipts This Page (optional)			55.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 305 (check only one)    X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road, City Pataskala FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		Date of Receipt    M
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road,  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date  255.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road,  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date  270.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 305 (check only one)    X   11a
An	y information copied from such Reports and for commercial purposes, other than using th	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	SW		09 / 18 / Y Y Y Y Y Y Y
	City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.11875  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
 s.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	10 02 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11957
	Pataskala  FEC ID number of contributing federal political committee.	OH C	43062	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date  300.00	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	SW		10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.12036
	Pataskala  FEC ID number of contributing federal political committee.	OH C	43062	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	/. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
	UBTOTAL of Receipts This Page (optional)			45.00

Full Kath Mail  Full Kath Mail  City Pat  Face  Full Kath Mail  City Pat  Face  Full Kath Mail  City Pat  Face  Nam Motor pan  Rec	commercial purposes, other than using the ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE  Name (Last, First, Middle Initial) hleen M. Cooper ling Address 10544 Smoke Road, State and Committee.  C ID number of contributing eral political committee.  The of Employer torists Mutual Ins. Com-	e name and address of any political com	Date of Receipt    Date of Receipt
Full Kath Mail City Pat FEC fede  Full Kath Mail City Pat FEC fede  Nan Mot Pat Fec Full Kath Mail City Pat FEC fede	Name (Last, First, Middle Initial) hleen M. Cooper ling Address 10544 Smoke Road, \$  taskala  C ID number of contributing eral political committee.  The of Employer torists Mutual Ins. Comply to the complete of the complet	State Zip Code OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date  330	Transaction ID: SA11AI.12112  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Kath Mail City Pat FEC fede Nan Mot Full Kath Mail City Pat FEC fede Nan Mot	hleen M. Cooper ling Address 10544 Smoke Road, Social Address 1054	State Zip Code OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12112  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Pat FEC fede  Nam Mot pan Rec  Full Kath Mail  City Pat FEC fede	taskala  C ID number of contributing eral political committee.  me of Employer torists Mutual Ins. Comply the contribution of	State Zip Code OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12112  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Kath Mail City Pat FEC fede	taskala C ID number of contributing eral political committee.  The of Employer torists Mutual Ins. Comply the control of the c	OH 43062  C  Occupation Assist. V. P.  Aggregate Year-to-Date   330	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15  per pay
FEC fede  Nam Moto pany Rec  Full Kath Mail  City Pat  FEC fede  Nam Moto	C ID number of contributing eral political committee.  me of Employer torists Mutual Ins. Comply torists Mutual Ins. Comply to the complex of	Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Full Kath Mail City Pat FEC fede	me of Employer torists Mutual Ins. Com- ly seipt For: Primary General Other (specify)   Name (Last, First, Middle Initial)	Occupation Assist. V. P.  Aggregate Year-to-Date   330	Payroll deduction of \$15 per pay
Full Kath Mail City Pat FEC fede	eipt For: Primary General Other (specify) ▼  Name (Last, First, Middle Initial)	Assist. V. P.  Aggregate Year-to-Date ▼  330	per pay
Full Kath Mail City Pat FEC fede	Primary General Other (specify) ▼  Name (Last, First, Middle Initial)	330	
Kath Mail City Pat FEC fede	Other (specify) ▼ Name (Last, First, Middle Initial)		
Kath Mail City Pat FEC fede			Date of Descipt
City Pat FEC fede Nam Mot	Heer W. Cooper		I Date of Receipt
Pat FEC fede Nan Mot	ling Address 10544 Smoke Road, S	SW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC fede Nam Mot	,	State Zip Code	Transaction ID: SA11AI.12195
fede Nam Mot	<u>taskala</u>	OH 43062	Amount of Each Receipt this Period
Mot	CID number of contributing eral political committee.	С	15.00
pan	ne of Employer torists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Rec	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	345	.00
	Name (Last, First, Middle Initial)	1	Date of Receipt
	ling Address 10544 Smoke Road, S	SW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: SA11AI.12271
<u>Pat</u>	<u>taskala</u>	OH 43062	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	15.00
Nam Mot	ne of Employer torists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360	.00
OLID=			45.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 305 (check only one)    X   11a
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
E K M C C F fe fe N M p	ull Name (Last, First, Middle Initial) (athleen M. Cooper dailing Address 10544 Smoke Road, Sity Pataskala EC ID number of contributing ederal political committee.  Jame of Employer Motorists Mutual Ins. Comany Leceipt For:	State OH C Occupation Assist. V. P. Aggregate Yea	Zip Code 43062 ar-to-Date ▼	Date of Receipt  1 2 1 1 2 2 0 0 9  Transaction ID: SA11AI.12349  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
. <u>K</u>	Primary General Other (specify) ▼  ull Name (Last, First, Middle Initial) athleen M. Cooper  dailing Address 10544 Smoke Road, S'		375.00	Date of Receipt
F fe	ity Pataskala  EC ID number of contributing ederal political committee.  lame of Employer Motorists Mutual Ins. Comany leceipt For:  Primary General	State OH C Occupation Assist. V. P. Aggregate Yea	Zip Code 43062 ar-to-Date ▼	Transaction ID: SA11AI.12424  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
<u>M</u> M C <u>C</u>	Other (specify)  ull Name (Last, First, Middle Initial)  frs. Camille Craig  failing Address 4282 Hunts Drive  city  Gahanna  EC ID number of contributing ederal political committee.	State OH	Zip Code 43230	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	lame of Employer flotorists Life Ins. Co. leceipt For: Primary General Other (specify) ▼	Occupation Assistant Vio Aggregate Yea	ce President Life Adm. ar-to-Date ▼ 210.00	Payroll deduction of \$15 per pay
SUE	BTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C		
Full Name (Last, First, Middle Initial) Mrs. Camille Craig  Mailing Address 4282 Hunts Drive  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date ▼  225.00	Date of Receipt  M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive  City Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive  City Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm.  Aggregate Year-to-Date ▼  255.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 305 (check only one)    X   11a
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive  City Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.	State OH C	Zip Code 43230	Date of Receipt    M M
	Receipt For: Primary General Other (specify)	1	ice President Life Adm. ear-to-Date ▼ 270.00	
•	Full Name (Last, First, Middle Initial) Mrs. Camille Craig  Mailing Address 4282 Hunts Drive			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: SA11Al.11876
	Gahanna	OH	43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00  Payroll deduction of \$15
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant V	ice President Life Adm.	per pay
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	285.00	
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig	I		Date of Receipt
	Mailing Address 4282 Hunts Drive			10 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.11958
	Gahanna	OH	43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant V	ice President Life Adm.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	•		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Camille Craig  Mailing Address 4282 Hunts Drive  City Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm.  Aggregate Year-to-Date  315.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mrs. Camille Craig  Mailing Address 4282 Hunts Drive  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm.  Aggregate Year-to-Date   330.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mrs. Camille Craig  Mailing Address 4282 Hunts Drive  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm.  Aggregate Year-to-Date ▼  345.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	45.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 305 (check only one)    X   11a
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Mrs. Camille Craig Mailing Address 4282 Hunts Dr City Gahanna FEC ID number of contributing		Date of Receipt    M M M
Receipt For:  Primary  Other (specify) ▼	Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date   360.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial Mrs. Camille Craig  Mailing Address 4282 Hunts Dr  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General Other (specify)   Other (specify)		Date of Receipt    M M M
Full Name (Last, First, Middle Initial Mrs. Camille Craig  Mailing Address 4282 Hunts Dr  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General  Other (specify)		Date of Receipt    M M M
SUBTOTAL of Receipts This Page (c	ptional)	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 63 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any	political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUN	ND	
<b>/</b>	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
	Mailing Address 6323 Cook Road			07 10 Y Y Y Y Y Y
	City	State Zip Co	de	Transaction ID: SA11AI.11478
	Powell	OH 43065	-	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
	Mailing Address 6323 Cook Road			07 24 YYYY 2009
	City	State Zip Co	de	Transaction ID: SA11AI.11552
	Powell	OH 43065	<u> </u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Da	te ▼	
	Primary General Other (specify) ▼		375.00	
	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
	Mailing Address 6323 Cook Road			0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Co	de	Transaction ID: SA11AI.11626
	Powell	OH 43065		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Da	te 🔻	
	Primary General Other (specify) ▼		400.00	
_		1		75.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 305 (check only one)    X
or for commercial p	oied from such Reports and surposes, other than using the	Statements may e name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1	MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Daniel L. Crawfo				Date of Receipt
Mailing Address	6323 Cook Road	Chaha	7in Oada	08 21 2009
City Powell		State OH	Zip Code 43065	Transaction ID: SA11AI.11711 Amount of Each Receipt this Period
FEC ID number federal political		C		25.00
Name of Emplo Motorists Mutua Company	yer al Insurance	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary Other (sp	General ecify) ♥		Year-to-Date ▼ 425.00	
Full Name (Last	r, First, Middle Initial)			Date of Receipt
Mailing Address	6323 Cook Road			09 04 2009
City		State	Zip Code	Transaction ID: SA11Al.11787
Powell  FEC ID number federal political		OH C	43065	Amount of Each Receipt this Period 25.00
Name of Emplo Motorists Mutua	yer al Insurance	Occupation Vice Pres		Payroll deduction of \$25 per pay
Company Receipt For:			Year-to-Date ▼	
Primary Other (sp	General ecify) ▼	33 13	450.00	
Full Name (Last	r, First, Middle Initial)			Date of Receipt
Mailing Address	6323 Cook Road			09 18 2009
City		State	Zip Code	Transaction ID: SA11AI.11877
Powell		OH	43065	Amount of Each Receipt this Period
FEC ID number federal political		C		25.00 Payroll deduction of \$25
Name of Emplo Motorists Mutua Company	yer al Insurance	Occupation Vice Pres	sident	per pay
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 475.00	
SUBTOTAL of Re	eceipts This Page (optional) .	1		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65/305   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
Mailing Address 53 Nottingham Road			07 10 7 2009
City	State	Zip Code	Transaction ID: SA11AI.11479
Columbus  FEC ID number of contributing federal political committee.	OH C	43214	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
Mailing Address 53 Nottingham Road			07 24 2009
City Columbus	State OH	Zip Code 43214	Transaction ID: SA11AI.11553  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TOLIT	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
Mailing Address 53 Nottingham Road			08 07 2009
City	State OH	Zip Code	Transaction ID: SA11AI.11627
Columbus  FEC ID number of contributing federal political committee.	C	43214	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road	d d		Date of Receipt
City Columbus	State OH	Zip Code 43214	Transaction ID: SA11AI.11712  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.	Occupation	1	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify)	Assist. V Aggregate	. P. Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road	t d		Date of Receipt  0 9 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.11788
Columbus	OH	43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00  Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	. P.	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	'		Date of Receipt
Mailing Address 53 Nottingham Road	d		09 / 18 / 2009
City Columbus	State OH	Zip Code 43214	Transaction ID: SA11AI.11878  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40214	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)	\		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 67 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address o	of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.		ip Code 13214	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-	to-Date ▼ 300.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)		ip Code 3214 to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)		ip Code 3214  to-Date ▼ 330.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43214  C  Occupation Assist. V. P.  Aggregate Year-to-Date   345.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43214  C  Occupation Assist. V. P.  Aggregate Year-to-Date   360.00	Date of Receipt  M M / 25 / 2009  Transaction ID: SA11AI.12273  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43214  C  Occupation Assist. V. P.  Aggregate Year-to-Date   375.00	Date of Receipt  M M M / D D M 2 0 0 9  Transaction ID: SA11AI.12352  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43214  C  Occupation Assist. V. P.  Aggregate Year-to-Date  390.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Drive  State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O 7 10 2009  Transaction ID: SA11AI.11480  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Douglas L. Dodson  Mailing Address 5922 Coventry Lake  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	Drive  State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date ▼  375.00	Date of Receipt    M   M   24   2009   Transaction ID: SA11AI.11554   Amount of Each Receipt this Period   25.00    Payroll deduction of \$25   per pay
SUBTOTAL of Receipts This Page (optional)		65.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or 1	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 5922 Coventry Lake	Drive		08 07 4 4 9 9
	City	State	Zip Code	Transaction ID: SA11AI.11628
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pre-		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 5922 Coventry Lake	Drive		08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.11713
	<u>Hilliard</u>	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice Pres		Payroll deduction of \$25 per pay
	pany Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		425.00	
	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 5922 Coventry Lake	Drive		09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.11789
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pre	sident	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	JBTOTAL of Receipts This Page (optional)	1		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 305 (check only one)    X
or f	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and addi	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)  Douglas L. Dodson  Mailing Address 5922 Coventry Lake Dr  City  Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General	State OH C Occupation Vice Presi	ident Year-to-Date ▼	Date of Receipt  M M M / D D M 2009  Transaction ID: SA11AI.11879  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
3.	Other (specify)  Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake Dr  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State OH C Occupation Vice Presi		Date of Receipt  M M M O 2 2009  Transaction ID: SA11AI.11960  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
	Full Name (Last, First, Middle Initial) Douglas L. Dodson  Mailing Address 5922 Coventry Lake Dr  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General Other (specify)	State OH C Occupation Vice Presi		Date of Receipt  M M M 16 2009  Transaction ID: SA11AI.12039  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SU	JBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 305 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)  Douglas L. Dodson  Mailing Address 5922 Coventry Lake D			Date of Receipt
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.12115  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice Pres		Payroll deduction of \$25 per pay
	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake D	Orive		Date of Receipt  1 1 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12198
	Hilliard  FEC ID number of contributing federal political committee.	OH OH	43026	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupatio Vice Pres		Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼		575.00	
	Full Name (Last, First, Middle Initial) Douglas L. Dodson  Mailing Address 5922 Coventry Lake D	Orive		Date of Receipt  1 1 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12274
	Hilliard  FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupatio Vice Pres		Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼	Aggregate	600.00	
	SUBTOTAL of Receipts This Page (optional) .	1		75.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	E COMPANT CIVIC FOND	
Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
Mailing Address 5922 Coventry Lake	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12351
Hilliard	OH 43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson	1	Date of Receipt
Mailing Address 5922 Coventry Lake	Drive	12 23 YYYYY 12 23 2009
City	State Zip Code	Transaction ID: SA11Al.12427
Hilliard	OH 43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	_I	Date of Receipt
Mailing Address 7542 East Rush Ride	ge Road	07 10 2009
City	State Zip Code	Transaction ID: SA11AI.11465
Bloomington	IN 47401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 806.40	
LIPTOTAL of Possints This Page (optional)		107.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any person the name and address of any political committee to CE COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ri  City Bloomington  FEC ID number of contributing federal political committee.	dge Road State Zip Code IN 47401	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Insurance Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Director  Aggregate Year-to-Date   864.00	Payroll deduction of \$57
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ri	dge Road	Date of Receipt  0 8 0 7 2 0 0 9
City Bloomington  FEC ID number of contributing federal political committee.	State Zip Code IN 47401	Transaction ID: SA11AI.11613  Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For:  Primary  General  Other (specify) ▼	Occupation Director  Aggregate Year-to-Date ▼  921.60	Payroll deduction of \$57 60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ri	dge Road	Date of Receipt
City Bloomington FEC ID number of contributing federal political committee.	State Zip Code IN 47401	Transaction ID: SA11AI.11695  Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General	Occupation Director  Aggregate Year-to-Date ▼  979.20	Payroll deduction of \$57 60 per pay
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	al)	172.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 75 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of a	ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester  Mailing Address 7542 East Rush Ridge  City	e Road	Code	Date of Receipt  0 9 0 4 2 0 0 9
Bloomington  FEC ID number of contributing federal political committee.	IN 474		Transaction ID: SA11AI.11774  Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For:  Primary  General  Other (specify) ▼	Occupation Director Aggregate Year-to-	Date ▼ 1036.80	Payroll deduction of \$57 60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester  Mailing Address 7542 East Rush Ridge	e Road		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	•	Code	Transaction ID: SA11AI.11864
Bloomington  FEC ID number of contributing federal political committee.	IN 474	01	Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Aggregate Year-to-	Date ▼ 1094.40	Payroll deduction of \$57 60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
Mailing Address 7542 East Rush Ridge	Road		10 02 YYYYY 10 02 2009
City Bloomington	State Zip (	Code	Transaction ID: SA11AI.11945  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 474		57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For:  Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-	Date ▼ 1152.00	Payroll deduction of \$57 60 per pay
SUBTOTAL of Receipts This Page (optional) .	1		172.80
TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 305 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  A. Mr. Larry L. Forrester		Date of Receipt
Mailing Address 7542 East Rush Rid	ge Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.12024  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1209.60	
Full Name (Last, First, Middle Initial)  Mr. Larry L. Forrester  Moiling Address 7540 Fact Buck Bid	To Dood	Date of Receipt
Mailing Address 7542 East Rush Rid		10 30 7 2009
City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.12100
FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1267.20	]
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
Mailing Address 7542 East Rush Rid	ge Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12181
Bloomington  FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1324.80	
SUBTOTAL of Receipts This Page (optional	)	172.80
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Larry L. Forrester		Date of Receipt
Mailing Address 7542 East Rush Rid	lge Road	11 25 YYYYY 2009
City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.12258  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1382.40	
Full Name (Last, First, Middle Initial)  Mr. Larry L. Forrester	les Dead	Date of Receipt
Mailing Address 7542 East Rush Rid		12 11 2009
City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.12336
FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
Mailing Address 7542 East Rush Rid	lge Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12410
Bloomington  FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period  57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1497.60	
SUBTOTAL of Receipts This Page (optional	)	172.80
TOTAL This Period (last page this line numb	·	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 305 (check only one)    X
ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C  Occupation Asst VP  Aggregate Year-to-Date  210.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp  Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C Occupation Asst VP Aggregate Year-to-Date  225.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C  Occupation Asst VP  Aggregate Year-to-Date ▼  240.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp  Mailing Address 3123 Summit Street			Date of Receipt
City Columbus FEC ID number of contributing	State OH	Zip Code 43202	Transaction ID: SA11AI.11880  Amount of Each Receipt this Period
federal political committee.  Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupatio Asst VP	n e Year-to-Date ▼	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	Aggregate	255.00	
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp  Mailing Address 3123 Summit Street			Date of Receipt  1 0 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.11961
Columbus  FEC ID number of contributing federal political committee.	ОН	43202	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupatio Asst VP Aggregate	n e Year-to-Date ▼	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼		270.00	
Full Name (Last, First, Middle Initial)  Joseph P Fullenkamp  Mailing Address 3123 Summit Street			Date of Receipt
City	State	Zip Code	1 0 1 6 2 0 0 9 Transaction ID: SA11AI.12040
Columbus	OH	43202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupatio Asst VP	n e Year-to-Date ▼	per pay
Primary General Other (specify) ▼	, iggi ogdic	285.00	
SUBTOTAL of Receipts This Page (optional)	·		45.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ne (crieck drilly drie)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C Occupation Asst VP Aggregate Year-to-Date  300.	Date of Receipt  10 30 2009  Transaction ID: SA11AI.12116  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp  Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C Occupation Asst VP Aggregate Year-to-Date  315.	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp  Mailing Address 3123 Summit Street  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43202  C Occupation Asst VP Aggregate Year-to-Date  330.	Date of Receipt    M   M   25   2009   Transaction ID: SA11AI.12275   Amount of Each Receipt this Period   15.00   Payroll deduction of \$15   per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any pers the name and address of any political committee to CE COMPANY CIVIC FUND	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Stree  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.	State Zip Code OH 43202  C Occupation Asst VP	Date of Receipt    M M
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼  345.00	
Joseph P Fullenkamp  Mailing Address 3123 Summit Stree  City  Columbus  FEC ID number of contributing federal political committee.	State Zip Code OH 43202	Date of Receipt  1 2 2 3 2 0 0 9  Transaction ID: SA11AI.12428  Amount of Each Receipt this Period
Name of Employer Motorists Mutual Insurance Co. Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Asst VP  Aggregate Year-to-Date ▼  360.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow	Dr.	Date of Receipt
City Columbus  FEC ID number of contributing federal political committee.	State Zip Code OH 43235	Transaction ID: SA11AI.12041  Amount of Each Receipt this Period  10.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation V. P., Corporate Counsel  Aggregate Year-to-Date   210.00	Payroll deduction of \$10 per pay
SUBTOTAL of Receipts This Page (optional	l)	40.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 305 (check only one)    X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles R. Gaskill  Mailing Address 1425 Briarmeadow Dr.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C  Occupation V. P., Corporate Counsel  Aggregate Year-to-Date  220.00	Date of Receipt  10 30 2009  Transaction ID: SA11AI.12117  Amount of Each Receipt this Period  10.00  Payroll deduction of \$10 per pay
Full Name (Last, First, Middle Initial) Charles R. Gaskill  Mailing Address 1425 Briarmeadow Dr.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation V. P., Corporate Counsel Aggregate Year-to-Date  230.00	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation V. P., Corporate Counsel Aggregate Year-to-Date  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 83 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCI	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Charles R. Gaskill			Date of Receipt
Mailing Address 1425 Briarmeadow [	Or.		12 11 2009
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.12355  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10200	10.00
Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Co	n prporate Counsel	Payroll deduction of \$10 per pay
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles R. Gaskill			Date of Receipt
Mailing Address 1425 Briarmeadow [	Or.		12 23 2009
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.12429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10200	10.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation V. P., Co	n prporate Counsel	Payroll deduction of \$10 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
Mailing Address 14 Burreed Court			07 10 2009
City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.11483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10002	15.00
Name of Employer Motorists Mutual Ins. Com- pany		. P. Personal Lines Adm.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		35.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date ▼  225.00	Date of Receipt  M M M / 24 2009  Transaction ID: SA11AI.11557  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial)  Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City  Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date   240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City  Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date ▼  255.00	Date of Receipt  M M Z 1 Z 0 0 9  Transaction ID: SA11AI.11716  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURAN	and Statements may not be sold or used by any person gethe name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City  Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date  270.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial)  Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City  Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date ▼  285.00	Date of Receipt  M M M / D D / 2009  Transaction ID: SA11AI.11882  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm. Aggregate Year-to-Date   300.00	Date of Receipt  M M M / D D / 2009  Transaction ID: SA11AI.11963  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (option	nal)	45.00
TOTAL This Period (last page this line number)	mber only)	

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 305 (check only one)    X
or for commercial pur  NAME OF COMM	poses, other than using the r	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	MUTUAL INSURANCE C	OMPANY C	SIVIC FUND	
Mrs. Jeanne I. Gibb				Date of Receipt
	14 Burreed Court	<b>0</b> : .	7: 0.1	10 16 2009
City <u>Pataskala</u>		State OH	Zip Code 43062	Transaction ID: SA11AI.12042  Amount of Each Receipt this Period
FEC ID number o federal political co		C		15.00
Name of Employe Motorists Mutual I	ns. Com-	Occupation Assist. V.	P. Personal Lines Adm.	Payroll deduction of \$15 per pay
pany Receipt For: Primary Other (spec	General fy) ▼	-	Year-to-Date ▼ 315.00	
Full Name (Last, F Mrs. Jeanne I. Gibb	irst, Middle Initial) ons			Date of Receipt
Mailing Address	14 Burreed Court			10 30 2009
City		State	Zip Code	Transaction ID: SA11AI.12118
Pataskala FEC ID number of	contributing	OH	43062	Amount of Each Receipt this Period
federal political co		C		Payroll deduction of \$15
Name of Employe Motorists Mutual I	ns. Com-	Occupation Assist. V.	P. Personal Lines Adm.	per pay
pany Receipt For:	Canaval	Aggregate	Year-to-Date ▼	
Primary Other (spec	General ify) <b>▼</b>		330.00	
Full Name (Last, F Mrs. Jeanne I. Gibb	First, Middle Initial) ons			Date of Receipt
Mailing Address	14 Burreed Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.12201
Pataskala  FEC ID number of federal political co		OH C	43062	Amount of Each Receipt this Period
Name of Employe Motorists Mutual I	ns. Com-	Occupation Assist. V.	P. Personal Lines Adm.	Payroll deduction of \$15 per pay
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 345.00	]
SURTOTAL of Poor	ipts This Page (optional)			45.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 305 (check only one)    X   11a
or for con	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) ORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Patas FEC I federa  Name Motor pany Recei	D number of contributing Il political committee. of Employer ists Mutual Ins. Com-	1 1001011	Zip Code 43062  n  P. Personal Lines Adm.  Year-to-Date ▼  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Patas FEC I federa  Name Motor pany Recei	ame (Last, First, Middle Initial) eanne I. Gibbons g Address 14 Burreed Court  Skala  D number of contributing Il political committee.  of Employer ists Mutual Ins. Com- ot For: Primary General  Other (specify)		Zip Code 43062 n. P. Personal Lines Adm. e Year-to-Date ▼	Date of Receipt    M M
City Patas FEC I federa  Name Motor pany Recei	ame (Last, First, Middle Initial) eanne I. Gibbons g Address 14 Burreed Court  Skala  D number of contributing Il political committee.  of Employer ists Mutual Ins. Com- ot For: Primary General  Other (specify)		Zip Code 43062 n. P. Personal Lines Adm. e Year-to-Date ▼	Date of Receipt    M
SUBTO	FAL of Receipts This Page (optional)		)	45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>5X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 305   (check only one)
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN			Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
Mailing Address 396 Shelby Avenu	ue, East		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11484  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
Mailing Address 396 Shelby Avenu	ue, East		07 24 2009
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11558  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
Mailing Address 396 Shelby Avenu	ue, East		08 07 2009
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11632  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optio	nal)		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 305 (check only one)    X   11a
\ \ \	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue,  City Powell  FEC ID number of contributing federal political committee.		Zip Code 43065	Date of Receipt    M M
	Name of Employer Motorists Mutual Ins. Company Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupatio Assist. V Aggregate		Payroll deduction of \$15 per pay
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire  Mailing Address 396 Shelby Avenue,	East		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11793
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		per pay
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	270.00	]
_	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue,	East		09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.11883
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00  Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	′. P.	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)	•		45.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 305 (check only one)    X
Any information copied from suc or for commercial purposes, other	h Reports and Statements maker than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In MOTORISTS MUTUAL I	Full) NSURANCE COMPANY	CIVIC FUND	
Full Name (Last, First, Middle Shaun D. Gregoire	e Initial)		Date of Receipt
Mailing Address 396 She	by Avenue, East		10 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Powell</u>	State OH	Zip Code 43065	Transaction ID: SA11AI.11964  Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C C		15.00
Name of Employer Motorists Mutual Ins. Company	Occupati Assist. \		Payroll deduction of \$15 per pay
Receipt For:  Primary Gene Other (specify) ▼		te Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Shaun D. Gregoire			Date of Receipt
Mailing Address 396 She	by Avenue, East	10 16 2009	
City	State	Zip Code	Transaction ID: SA11Al.12043
Powell  FEC ID number of contributir federal political committee.	OH C	43065	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupati Assist. \		Payroll deduction of \$15 per pay
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Shaun D. Gregoire	e Initial)		Date of Receipt
Mailing Address 396 She	by Avenue, East		10 30 7 2009
City	State	Zip Code	Transaction ID: SA11Al.12119
Powell  FEC ID number of contributir federal political committee.	OH C	43065	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupati Assist. \	V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This F	Page (optional)		45.00
TOTAL This Period (last page		<del>.</del>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 305 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire  Mailing Address 396 Shelby Avenue, I  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Com-	State OH C	Zip Code 43065	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	pany Receipt For:  Primary General Other (specify) ▼	Assist. V	7. P. e Year-to-Date ▼  345.00	
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire  Mailing Address 396 Shelby Avenue, I	East		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: SA11AI.12278
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00  Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		per pay
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		360.00	
_	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, I	East		12 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.12357
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	<sup>/</sup> . P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)	•		45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>3X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 305 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Shaun D. Gregoire	ICE COMPANY (	CIVIC FUND	Date of Receipt
Mailing Address 396 Shelby Avenu	ıe, East		1 2 2 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12431  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
Mailing Address 4819 St. Andrews	Circle		10 16 2009
City	State	Zip Code	Transaction ID: SA11AI.12086
Westerville  FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	١	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dino Guanciale	<b>'</b>		Date of Receipt
Mailing Address 4819 St. Andrews	Circle		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12120
Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	١	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (option	I		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	g the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dino Guanciale Mailing Address 4819 St. Andrews  City Westerville  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Asst. VP Aggregate Year-to-Date	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Dino Guanciale  Mailing Address 4819 St. Andrews  City  Westerville  FEC ID number of contributing federal political committee.	Circle State Zip Code OH 43082	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Asst. VP  Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Dino Guanciale  Mailing Address 4819 St. Andrews	Circle	Date of Receipt    M
City Westerville FEC ID number of contributing federal political committee.	State Zip Code OH 43082	Transaction ID: SA11AI.12358  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co.  Receipt For:  Primary General  Other (specify) ▼	Occupation Asst. VP  Aggregate Year-to-Date	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (options	al)	45.00

[	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 94 / 305 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
	Mailing Address 4819 St. Andrews Circ	le		12 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.12432
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupatio Asst. VP		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
_ 3.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
•	Mailing Address 7494 Heffley Court			07 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.11486
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_ ).	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	<u> </u>		Date of Receipt
	Mailing Address 7494 Heffley Court			07 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.11560
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	]
	SUBTOTAL of Receipts This Page (optional)		<b>_</b>	65.00

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 95/305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
Mailing Address 7494 Heffley Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Canal Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.11634  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70110	25.00
Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
Mailing Address 7494 Heffley Court			0 8 2 1 2 0 0 9
City Canal Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.11719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40110	25.00
Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
Mailing Address 7494 Heffley Court			0 9 0 4 2 0 0 9
City Canal Winchester	State OH	Zip Code	Transaction ID: SA11AI.11795
FEC ID number of contributing federal political committee.	C	43110	Amount of Each Receipt this Period 25.00
Name of Employer The Motorists Insurance Group	<del>'</del>	nd Asst. Secretary	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	]
SUBTOTAL of Receipts This Page (optional	)		75.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or fo	information copied from such Reports and r commercial purposes, other than using the IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	full Name (Last, First, Middle Initial)	COMPANT	CIVIC I GIND	
. <u>N</u>	Ars. Susan E. Haack  Aailing Address 7494 Heffley Court			Date of Receipt
	City	State	Zip Code	0 9 1 8 2 0 0 9 Transaction ID: SA11AI.11885
F	Canal Winchester  EC ID number of contributing ederal political committee.	OH C	43110	Amount of Each Receipt this Period  25.00
<u>C</u>	lame of Employer he Motorists Insurance Group Receipt For: Primary General Other (specify)		n nd Asst. Secretary e Year-to-Date ▼ 475.00	Payroll deduction of \$25 per pay
. <u>N</u>	Mrs. Susan E. Haack Mailing Address 7494 Heffley Court			Date of Receipt
C	City	State	Zip Code	1 0 0 2 2 0 0 9 Transaction ID: SA11AI.11966
F	Canal Winchester FEC ID number of contributing ederal political committee.	ОН	43110	Amount of Each Receipt this Period 25.00
T <u>C</u>	lame of Employer The Motorists Insurance Group	<del></del>	nd Asst. Secretary	Payroll deduction of \$25 per pay
Г	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	rull Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
M	Mailing Address 7494 Heffley Court			10 16 YYYY 2009
	Canal Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.12044  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	40110	25.00
<u>C</u>	lame of Employer The Motorists Insurance Group		nd Asst. Secretary	Payroll deduction of \$25 per pay
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
eui	BTOTAL of Receipts This Page (optional) .	l		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or 1	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	COMPANT	SIVIC I OND	
	Mrs. Susan E. Haack Mailing Address 7494 Heffley Court	Date of Receipt		
	City	State	Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11AI.12121
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer The Motorists Insurance	Occupation	nd Asst. Secretary	Payroll deduction of \$25 per pay
	Group Receipt For:	<del>- ' '</del>	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 1344	550.00	
	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court	11 13 2009		
	City	State	Zip Code	Transaction ID: SA11AI.12204
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP ar	nd Asst. Secretary	Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00	7
	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			1 1 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12280
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer The Motorists Insurance Group  Occupation Sr. VP and Asst. Secretary			Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	JBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16			
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURAN	and Statements may not be sold or used by any penng the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
	ICE COMPANY GIVIC PUND				
Full Name (Last, First, Middle Initial)  Mrs. Susan E. Haack	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				
Mailing Address 7494 Heffley Cou	12 11 2009				
Canal Winehoster	State Zip Code OH 43110	Transaction ID: SA11AI.12359			
Canal Winchester  FEC ID number of contributing federal political committee.	OH 43110	Amount of Each Receipt this Period  25.00			
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	Payroll deduction of \$25 per pay			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00				
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt			
Mailing Address 7494 Heffley Cou	1 2 2 3 2 0 0 9				
City	State Zip Code	Transaction ID: SA11Al.12433			
Canal Winchester	OH 43110	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00  Payroll deduction of \$25			
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	per pay			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00				
Full Name (Last, First, Middle Initial) Marc S. Hall					
Mailing Address 5999 Lane Road	Mailing Address 5999 Lane Road				
City	State Zip Code	Transaction ID: SA11AI.11487			
Centerburg  FEC ID number of contributing federal political committee.	OH 43011	Amount of Each Receipt this Period  15.00			
Name of Employer Motorists Mutual Ins. Company	Name of Employer Occupation Motorists Mutual Ins. Com-				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00				
SURTOTAL of Receipts This Page (ontion	nal)	65.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 99 / 305   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCI			
Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
Mailing Address 5999 Lane Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.11561  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70011	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
Mailing Address 5999 Lane Road	0 8 0 7 2 0 0 9		
City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.11635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70011	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	]
Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
Mailing Address 5999 Lane Road			0 8 2 1 2 0 0 9
City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.11720  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43011	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persename and address of any political committee  COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Marc S. Hall  Mailing Address 5999 Lane Road  City  Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  270.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road  City Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  285.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Marc S. Hall  Mailing Address 5999 Lane Road  City  Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M   M   D   D   Z   Z   D   D
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person and address of any political committee to COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marc S. Hall  Mailing Address 5999 Lane Road  City Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  315.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Marc S. Hall  Mailing Address 5999 Lane Road  City  Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date  330.00	Date of Receipt  M M M / 30 / 2009  Transaction ID: SA11AI.12122  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Marc S. Hall  Mailing Address 5999 Lane Road  City Centerburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  345.00	Date of Receipt  M M J 13 2009  Transaction ID: SA11AI.12205  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

I7  -	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	COMPANY C	IVIC FUND	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road			11 25 7 9 9
	City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.12281  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10011	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate '	Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road	12 11 2009		
	City	State	Zip Code	Transaction ID: SA11AI.12360
	Centerburg	OH	43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road			12 23 7 2009
	Cantanh	State	Zip Code	Transaction ID: SA11AI.12434
	Centerburg FEC ID number of contributing federal political committee.	ОН	43011	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify)	Aggregate '	Year-to-Date ▼ 390.00	
\[	SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 305 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURAL	and Statements may not be sold or used by any persong the name and address of any political committee to NCE COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul T. Hammer  Mailing Address 813 East College  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:	Avenue  State Zip Code OH 43081  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Paul T. Hammer  Mailing Address 813 East College  City	Avenue  State Zip Code	Date of Receipt  0 7 2 4 2 0 0 9  Transaction ID: SA11AI.11562
Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General Other (specify) ▼	OH 43081  C  Occupation Assist. V. P.  Aggregate Year-to-Date  225.00	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Paul T. Hammer  Mailing Address 813 East College  City Westerville  FEC ID number of contributing federal political committee.	Avenue  State Zip Code OH 43081	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	Occupation Assist. V. P.  Aggregate Year-to-Date   240.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optic	nal)	45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 305 (check only one)    X		
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND			
Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt		
Mailing Address 813 East College A	venue		08 21 2009		
City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.11721  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		15.00		
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00			
Full Name (Last, First, Middle Initial) Paul T. Hammer  Mailing Address 813 East College A	Date of Receipt				
	09 04 2009				
City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.11797  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		10001	15.00		
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]		
Full Name (Last, First, Middle Initial) Paul T. Hammer	1		Date of Receipt		
Mailing Address 813 East College A					
City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.11888		
FEC ID number of contributing federal political committee.	C	43001	Amount of Each Receipt this Period  15.00		
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00			
SUBTOTAL of Receipts This Page (optional	al)		45.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 105 / 305   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
Mailing Address 813 East College A	venue		10 02 2009
City	State	Zip Code	Transaction ID: SA11AI.11968
Westerville FEC ID number of contributing federal political committee.	OH C	43081	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
Mailing Address 813 East College A	10 16 2009		
City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.12046  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
Mailing Address 813 East College A	10 30 2009		
City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.12123  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70001	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	]
SUBTOTAL of Receipts This Page (optional	ıl)		45.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 106 / 305   (check only one)
Any or fo	r information copied from such Reports and S or commercial purposes, other than using the	statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
\ \ \	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (			Solicit Contributions from Such Committees.
	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
-	Mailing Address 813 East College Aven	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12206
- I	Westerville FEC ID number of contributing federal political committee.	OH C	43081	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction of \$15 per pay
	pany Receipt For: Primary General Other (specify)	1	e Year-to-Date ▼ 345.00	
	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
Ī	Mailing Address 813 East College Aven	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.12282  Amount of Each Receipt this Period
-	FEC ID number of contributing federal political committee.		10001	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
Ī	Mailing Address 813 East College Aven	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.12361
-	FEC ID number of contributing rederal political committee.	C	43001	Amount of Each Receipt this Period  15.00
- 1	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	′. P.	Payroll deduction of \$15 per pay
-	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SII	BTOTAL of Receipts This Page (optional)			45.00

SCHEDULI	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 305 (check only one)    X   11a
or for commercia	copied from such Reports and S I purposes, other than using the DMMITTEE (In Full)	tatements may no name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORIST	S MUTUAL INSURANCE (	COMPANY CIV	IC FUND	
Paul T. Hamm				Date of Receipt
-	ss 813 East College Aven	12 23 7 2009		
City Westerville		State OH	Zip Code 43081	Transaction ID: SA11AI.12435  Amount of Each Receipt this Period
•	per of contributing al committee.	C		15.00
Name of Emp Motorists Mut pany	oloyer tual Ins. Com-	Occupation Assist. V. P		Payroll deduction of \$15 per pay
Receipt For: Primary	General General	Aggregate Ye	ar-to-Date ▼ 390.00	
Mr. James F H		Date of Receipt		
Mailing Addre	ss 1020 South Washingto	07 10 YYYY 2009		
City		State WI	Zip Code	Transaction ID: SA11AI.11459
FEC ID numb	Howards Grove FEC ID number of contributing federal political committee.		53083	Amount of Each Receipt this Period
Name of Emp Wilson Mutua	oloyer al Ins. Co.	Occupation V. P. Claims	S	Payroll deduction of \$15 per pay
Receipt For: Primary Other (s	General specify) ▼	Aggregate Ye	ar-to-Date ▼ 210.00	
Full Name (La Mr. James F H	ast, First, Middle Initial) layon	Date of Receipt		
Mailing Addre	ss 1020 South Washingto	07 24 2009		
City Howards G	rove	State WI	Zip Code 53083	Transaction ID: SA11AI.11533  Amount of Each Receipt this Period
•	per of contributing	C	33000	15.00
Name of Emp Wilson Mutua	oloyer al Ins. Co.	Occupation V. P. Claims	S	Payroll deduction of \$15 per pay
Receipt For: Primary Other (s	General General	Aggregate Ye	ar-to-Date ▼ 225.00	
SUBTOTAL of	Receipts This Page (optional)			45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	= COMPANY (	CIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washing	08 07 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11607
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Cla		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
-	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washing	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.11688
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			15.00  Payroll deduction of \$15
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Cla	ims	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washing	09 04 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11768
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Cla	ims	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 305 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mr. James F Hayon  Mailing Address 1020 South Washin	ngton Drive		Date of Receipt
City Howards Grove	State WI	Zip Code 53083	Transaction ID: SA11AI.11858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	1	15.00  Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary  Other (specify) ▼	V. P. Clai		peř pay
Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washir	ngton Drive		Date of Receipt  10 02 2009
City	State	Zip Code	Transaction ID: SA11Al.11939
Howards Grove	WI	53083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00  Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Clai	ims	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Mr. James F Hayon	'		Date of Receipt
Mailing Address 1020 South Washii	ngton Drive		10 16 2009
City	State	Zip Code	Transaction ID: SA11AI.12018
Howards Grove FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Clai		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional	al)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 305 (check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any person the name and address of any political committee to CE COMPANY CIVIC FUND	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washin City Howards Grove FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General	State Zip Code WI 53083  C  Occupation V. P. Claims  Aggregate Year-to-Date ▼	Date of Receipt    M   M   30   2009   Transaction ID: SA11AI.12094   Amount of Each Receipt this Period   15.00   Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washin City Howards Grove FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D 2 2 0 0 9  Transaction ID: SA11AI.12174  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washin  City Howards Grove  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 53083  C  Occupation V. P. Claims  Aggregate Year-to-Date  360.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional	i)	45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the   X   11a   11b   11c   12   13   14   15   16   17
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. James F Hayon  Mailing Address 1020 South Washingto  City Howards Grove  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 53083  C  Occupation V. P. Claims  Aggregate Year-to-Date ▼	Date of Receipt    M M
- В.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingto  City Howards Grove  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 53083  C  Occupation V. P. Claims  Aggregate Year-to-Date ▼	Date of Receipt    M M
- С.	Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood Driv  City Pickerington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43147  C  Occupation Assist. V. P., Claims Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 305 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
Mailing Address 9725 Wagonwood		07 24 2009
City <u>Pickerington</u>	State Zip Code OH 43147	Transaction ID: SA11AI.11563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 0.705 Wasterward	Deitro	Date of Receipt
Mailing Address 9725 Wagonwood		08 07 4 2009
City Pickerington	State Zip Code OH 43147	Transaction ID: SA11AI.11637
FEC ID number of contributing federal political committee.	C 45147	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
Mailing Address 9725 Wagonwood	Drive	08 21 2009
City	State Zip Code	Transaction ID: SA11AI.11722
Pickerington  FEC ID number of contributing federal political committee.	OH 43147	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional	J)	45.00
TOTAL This Period (last page this line num	·	

ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 113 / 305   (check only one)     X
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood I	Orive		09 04 2009
City Pickerington	State OH	Zip Code 43147	Transaction ID: SA11AI.11798  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood [	Orive		0 9 1 8 2 0 0 9
City Pickerington	State OH	Zip Code 43147	Transaction ID: SA11AI.11889  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist, V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood [	Orive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pickerington	State OH	Zip Code 43147	Transaction ID: SA11AI.11969  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40147	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 305 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood	Drive		Date of Receipt  1 0 1 6 2 0 0 9
City Pickerington FEC ID number of contributing	State OH	Zip Code 43147	Transaction ID: SA11AI.12047  Amount of Each Receipt this Period  15.00
federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	Occupation Assist. V	n . P., Claims . Year-to-Date ▼	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood City Pickerington FEC ID number of contributing	Drive State OH	Zip Code 43147	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Assist. V	n . P., Claims • Year-to-Date ▼	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood	Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pickerington FEC ID number of contributing federal political committee.	State OH	Zip Code 43147	Transaction ID: SA11AI.12207  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼	<del>'</del>	n . P., Claims . Year-to-Date ▼	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	al)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 115 / 305   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood	Drive		11 25 2009
City	State	Zip Code	Transaction ID: SA11AI.12283
Pickerington  FEC ID number of contributing federal political committee.	OH C	43147	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood	Drive		12 11 2009
City Pickerington	State OH	Zip Code 43147	Transaction ID: SA11AI.12362  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.11	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood	Drive		12 23 2009
City	State OH	Zip Code	Transaction ID: SA11AI.12436
Pickerington  FEC ID number of contributing federal political committee.	C	43147	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (options	al)		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 305 (check only one)    X   11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Roa			Date of Receipt
	City Columbus FEC ID number of contributing	State OH	Zip Code 43235	Transaction ID: SA11AI.11490  Amount of Each Receipt this Period
	federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary  General  Other (specify) ▼	<del>- '</del>	n Financial Operations e Year-to-Date ▼	Payroll deduction of \$25 per pay
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Roa	d		Date of Receipt  0 7 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11564
	Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:		43235  In Financial Operations  e Year-to-Date	Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼	Aggregate	375.00	
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Roa	d		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: SA11AI.11638
	Columbus  FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	_ '	n Financial Operations e Year-to-Date ▼ 400.00	Payroll deduction of \$25 per pay
Г	SUBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 305 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Com-	State Zip Code OH 43235  C Occupation VP Life Financial Operations	Date of Receipt    M M M
pany Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock  Mailing Address 1409 Snowmass  City	Road State Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	OH 43235  C  Occupation VP Life Financial Operations  Aggregate Year-to-Date   450.00	Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass City	Road State Zip Code	Date of Receipt  0 9 18 2 0 0 9  Transaction ID: SA11AI.11890
Columbus  FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	Occupation VP Life Financial Operations Aggregate Year-to-Date ▼  475.00	Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optic	nal)	75.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 305   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
Mailing Address 1409 Snowmass Roa	ad		10 02 2009
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.11970  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40200	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio VP Life F	n Financial Operations	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
Mailing Address 1409 Snowmass Ro	ad		10 16 2009
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.12048
FEC ID number of contributing federal political committee.	C	40200	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio VP Life F	n Financial Operations	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
Mailing Address 1409 Snowmass Roa	ad		1 0 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.12125
Columbus  FEC ID number of contributing federal political committee.	C	43235	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	'	Financial Operations	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)			75.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 305 (check only one)    X   11a
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) ORISTS MUTUAL INSURANCE (	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	ame (Last, First, Middle Initial) A. Hitchcock B. Address 1409 Snowmass Roac			Date of Receipt
City		State OH	Zip Code 43235	Transaction ID: SA11AI.12208  Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C	10200	25.00
pany Receip	of Employer sts Mutual Ins. Com- ot For: Primary General Other (specify)		on Financial Operations e Year-to-Date ▼ 575.00	Payroll deduction of \$25 per pay
Peter A	ame (Last, First, Middle Initial) A. Hitchcock g Address 1409 Snowmass Road	j		Date of Receipt  1 1 2 5 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.12284
	nbus  Dinumber of contributing political committee.	OH C	43235	Amount of Each Receipt this Period  25.00
Motori <u>pany</u> Receip	of Employer sts Mutual Ins. Com- ot For: Primary General Other (specify)		on Financial Operations e Year-to-Date ▼ 600.00	Payroll deduction of \$25 per pay
	ame (Last, First, Middle Initial) A. Hitchcock			Date of Receipt
Mailing	Address 1409 Snowmass Road	t		12 11 2009
City Colur	nhue	State OH	Zip Code 43235	Transaction ID: SA11AI.12363  Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C	40200	25.00
Motori <u>pany</u>	of Employer sts Mutual Ins. Com-		Financial Operations	Payroll deduction of \$25 per pay
	or For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
SUBTO	AL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 305 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Hitchcock  Mailing Address 1409 Snowmass Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation VP Life F	Zip Code 43235  n inancial Operations Year-to-Date   650.00	Date of Receipt    M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt    M   M   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover  Mailing Address 4556 Dirham Court  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			55.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 121 / 305   (check only one)
ny information copied from such Reports and S	Statements may	not be sold or used by any personal traces of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	e name and add	diess of any political committee to	Solicit Contributions from Such Committee.
MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			08 / 07 / 2009
City	State	Zip Code	Transaction ID: SA11AI.11640
Hilliard	OH	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General		240.00	1
Other (specify)	0 0	240.00	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			08 21 2009
City	State	Zip Code	Transaction ID: SA11Al.11724
Hilliard	OH	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		255.00	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			0 9 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.11800
Hilliard	ОН	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		270.00	1
Other (specify)	0 0	270.00	
SUBTOTAL of Receipts This Page (optional)			45.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 305 (check only one)    X
or for comr	ation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) DRISTS MUTUAL INSURANCE (	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Hilliard FEC ID federal Name of Motoris pany Receipt	number of contributing political committee.  of Employer ts Mutual Ins. Com-	State OH C Occupation Assist. V Aggregate		Date of Receipt    M M M
Full Nai Jeffrey 0 Mailing  City Hilliard FEC ID federal  Name of Motoris pany Receipt	me (Last, First, Middle Initial) D. Hoover Address 4556 Dirham Court  d Inumber of contributing political committee.  of Employer tts Mutual Ins. Com-	State OH C Occupation Assist. V Aggregate	Zip Code 43026	Date of Receipt  M M M / D D / 2009  Transaction ID: SA11AI.11971  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
City Hilliard FEC ID federal Name of Motoris pany Receipt	number of contributing political committee.  of Employer tts Mutual Ins. Com-	State OH C Occupation Assist. V Aggregate		Date of Receipt  M M M 1 D D 2 0 0 9  Transaction ID: SA11AI.12049  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTA	AL of Receipts This Page (optional)		)	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 305 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court  City Hilliard  FEC ID number of contributing federal political committee.	State OH	Zip Code 43026	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins. Company Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Assist. V.		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover  Mailing Address 4556 Dirham Court	•		Date of Receipt    M
City	State	Zip Code	Transaction ID: SA11AI.12209
Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. Aggregate		Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court	0 0	345.00	Date of Receipt
	Ctata	7:a Code	11 25 2009
City <u>H</u> illiard	State OH	Zip Code 43026	Transaction ID: SA11AI.12285  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. Aggregate		Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	State Zip Code OH 43026  C  Occupation Assist. V. P.  Aggregate Year-to-Date   375.00	Date of Receipt  1 2 1 1 2 2 0 0 9  Transaction ID: SA11AI.12364  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial)  Jeffrey O. Hoover  Mailing Address 4556 Dirham Court  City  Hilliard	State Zip Code OH 43026	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	Occupation Assist. V. P.  Aggregate Year-to-Date   390.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane		Date of Receipt  0 7 1 0 2 0 0 9
City  Canal Winchester  FEC ID number of contributing federal political committee.	State Zip Code OH 43110	Transaction ID: SA11AI.11492  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Company Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assist. V. P.  Aggregate Year-to-Date ▼  210.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City  Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M   M   2 1
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110  C  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  270.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City  Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Lane  City  Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
Mailing Address 6401 Possmore Lane		10 16 2009
City Canal Winchester	State Zip Code OH 43110	Transaction ID: SA11AI.12050  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
Mailing Address 6401 Possmore Lane		10 30 2009
City	State Zip Code	Transaction ID: SA11AI.12127
Canal Winchester	OH 43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
Mailing Address 6401 Possmore Lane		1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.12210
Canal Winchester	OH 43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	per pay
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	345.00	
		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personal he name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Land City Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For:	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date	Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Land City	State Zip Code	Date of Receipt  1 2 1 1 2 2 0 0 9  Transaction ID: SA11AI.12365
Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date   375.00	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers  Mailing Address 6401 Possmore Land  City  Canal Winchester  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43110  C  Occupation Assist. V. P.  Aggregate Year-to-Date  390.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		45.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 305 (check only one)    X
or for com	nation copied from such Reports and Sta Imercial purposes, other than using the I OF COMMITTEE (In Full) ORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mrs. Ta Mailing City Sheb FEC II federa Name Wilson Receip	ame (Last, First, Middle Initial) ami Jones-Fahser g Address 5729 Superior Avenue  oygan  O number of contributing I political committee.  of Employer n Mutual Ins. Co.  ot For:  Orimary  General  Other (specify)		Zip Code 53083  n Administration e Year-to-Date  350.00	Date of Receipt    M   M   D   D   2 0 0 9     Transaction ID: SA11AI.11460   Amount of Each Receipt this Period     25.00     Payroll deduction of \$25     per pay
Mrs. Ta Mailing City Sheb FEC II federa Name Wilson	ame (Last, First, Middle Initial) ami Jones-Fahser g Address 5729 Superior Avenue  oygan  o number of contributing l political committee.  of Employer n Mutual Ins. Co.  ot For:  Orimary  General  Other (specify)		Zip Code 53083  n Administration e Year-to-Date  375.00	Date of Receipt  M M M 2 4 2 0 0 9  Transaction ID: SA11AI.11534  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
City Sheb FEC II federa  Name Wilson	ame (Last, First, Middle Initial) ami Jones-Fahser g Address 5729 Superior Avenue  oygan  O number of contributing I political committee.  of Employer n Mutual Ins. Co.  ot For:  Primary General  Other (specify)		Zip Code 53083  n Administration e Year-to-Date ▼ 400.00	Date of Receipt  M M M O 7 2009  Transaction ID: SA11AI.11608  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOT	AL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenue  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date   425.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenue  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date  450.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenue  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date  475.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenu  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	e  State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date   500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenu  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	e  State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date ▼  525.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenu  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	e  State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date  550.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.		Date of Receipt    M M M
Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	Aggregate Year-to-Date ▼ 575.00	Date of Receipt
Mailing Address 5729 Superior Avenue  City  Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.	State Zip Code WI 53083  C Occupation	Transaction ID: SA11AI.12253  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Sr. V.P. Administration  Aggregate Year-to-Date ▼  600.00	
Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenue  City  Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:	State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date	Date of Receipt    1 2
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .	625.00	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser  Mailing Address 5729 Superior Avenue  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 53083  C  Occupation Sr. V.P. Administration  Aggregate Year-to-Date  650.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) David L. Kaufman  Mailing Address 7925 Greenside Lane  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C Occupation Sr. Vice President, CIO Aggregate Year-to-Date  420.00	Date of Receipt    M   M   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) David L. Kaufman  Mailing Address 7925 Greenside Lane  City Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Sr. Vice President, CIO  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		85.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 305 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	ig the name and addr	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
Mailing Address 7925 Greenside La			08 07 2009
City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.11642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Insurance Company		resident, CIO	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) David L. Kaufman  Mailing Address 7925 Greenside La	ane		Date of Receipt
City	State	Zip Code	0 8 2 1 2 0 0 9  Transaction ID: SA11AI.11726
Worthington	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Insurance Company		resident, CIO	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) David L. Kaufman	I		Date of Receipt
Mailing Address 7925 Greenside La	ane		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.11802  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10200	30.00
Name of Employer Motorists Mutual Insurance Company	<del> </del>	resident, CIO	Payroll deduction of \$30 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (option	nal)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
A 0	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.11893
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice	n President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		570.00	
_	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			10 02 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.11973
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice	n President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.12051
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice	n President, CIO	Payroll deduction of \$30 per pay
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		630.00	
	SUBTOTAL of Receipts This Page (optional) .	1		90.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
,	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and addi	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE O	COMPANY C	IVIC FUND	
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane	Otata	7'. 0.4.	10 30 2009
	City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.12128  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Motorists Mutual Insurance Company Receipt For:		resident, CIO Year-to-Date ▼	Payroll deduction of \$30 per pay
	Primary General Other (specify) ▼	0 0	660.00	
- 3.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			11 13 2009
	City	State	Zip Code	Transaction ID: SA11AI.12211
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00  Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice P	resident, CIO	per pay
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 690.00	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12287
	Worthington  FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period  30.00
	Name of Employer Motorists Mutual Insurance Company Receipt For:	. '	resident, CIO Year-to-Date ▼	Payroll deduction of \$30 per pay
	Primary General Other (specify) ▼	, iggi egale	720.00	
	SUBTOTAL of Receipts This Page (optional)	I		90.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 305 (check only one)    X   11a
or fo	information copied from such Reports and street commercial purposes, other than using the IAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F	full Name (Last, First, Middle Initial)	OOM 7001	OIVIO I OIVID	
_	David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt  1 2 1 1 2 0 0 9
	Sity Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.12366  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		30.00
	lame of Employer Notorists Mutual Insurance Company Receipt For: Primary General Other (specify)		n President, CIO e Year-to-Date ▼ 750.00	Payroll deduction of \$30 per pay
	rull Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt  1 2 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12440
F	Worthington EC ID number of contributing ederal political committee.	OH C	43235	Amount of Each Receipt this Period  30.00
<u>N</u>	lame of Employer Motorists Mutual Insurance Company Receipt For: Primary General		President, CIO e Year-to-Date ▼	Payroll deduction of \$30 per pay
	Other (specify) ▼	0 0	780.00	
J	full Name (Last, First, Middle Initial) ohn C. Kessler  Mailing Address 3910 Caswell Road			Date of Receipt
_		01-1-	7'- 0-4-	07 10 2009
	Dity Ohnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.11494  Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		20.00
<u>C</u>	lame of Employer Notorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupatio Vice Pres Aggregate		Payroll deduction of \$20 per pay
SUI	BTOTAL of Receipts This Page (optional) .			80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 305 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANC	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road			Date of Receipt
City  Johnstown  FEC ID number of contributing	State OH	Zip Code 43031	Transaction ID: SA11AI.11568  Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice Pres		Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road City Johnstown FEC ID number of contributing	State OH	Zip Code 43031	Date of Receipt  0 8 0 7 2 0 0 9  Transaction ID: SA11AI.11643  Amount of Each Receipt this Period
rederal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate		Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road			Date of Receipt
City  Johnstown  FEC ID number of contributing federal political committee.	State OH	Zip Code 43031	Transaction ID: SA11AI.11727  Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		Payroll deduction of \$20 per pay
SUBTOTAL of Receipts This Page (optional	l)	<b>)</b>	60.00

TEMIZED RECEIPTS  Use separate so for each category Detailed Summ		FOR LINE NUMBER: PAGE 139 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City  Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date   360.00	Date of Receipt  M M C D D C 2009  Transaction ID: SA11AI.11803  Amount of Each Receipt this Period  20.00  Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City  Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date   380.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City  Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date ▼  420.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City  Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date   440.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road  City Johnstown  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43031  C  Occupation Vice President  Aggregate Year-to-Date   460.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 305 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	52 00Wii 7WV	51110 1 0110	
John C. Kessler  Mailing Address 3910 Caswell Road	d		Date of Receipt
City	State	Zip Code	1 1 2 5 2 0 0 9  Transaction ID: SA11AI.12288
Johnstown  FEC ID number of contributing federal political committee.	OH C	43031	Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	sident	Payroll deduction of \$20 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) John C. Kessler  Mailing Address 3910 Caswell Road	<u> </u>		Date of Receipt
City	State	Zip Code	1 2 1 1 2 0 0 9  Transaction ID: SA11AI.12367
<u>Johnstown</u>	OH	43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$20 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) John C. Kessler	I		Date of Receipt
Mailing Address 3910 Caswell Road	d		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.12441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice Pres	sident	Payroll deduction of \$20 per pay
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional	al)		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pers the name and address of any political committee t E COMPANY CIVIC FUND	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood C  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	t.  State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood C  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	t.  State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date ▼  375.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood C  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	t.  State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date  400.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	)	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any persithe name and address of any political committee the COMPANY CIVIC FUND	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ci City Dublin FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	t.  State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date ▼  425.00	Date of Receipt    M   M   2 1
Full Name (Last, First, Middle Initial) Anne B. King  Mailing Address 6934 Roundwood Ci  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date  450.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ci City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	t.  State Zip Code OH 43016  C  Occupation Vice President  Aggregate Year-to-Date ▼  475.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)	)	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 144 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ci	t.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.11975  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75010	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ci	t.		10 16 2009
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12053  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Co	t.		10 30 2009
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12130  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75010	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 145 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCI			
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ct	t.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12213
FEC ID number of contributing federal political committee.	C	45010	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Vice Pres		Payroll deduction of \$25 per pay
pany Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ci	t.		1 1 25 2 2009
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12289  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75010	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ci	t.		1 2 1 1 2 0 0 9
City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.12368
FEC ID number of contributing federal political committee.	C	45010	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		75.00

ITEN	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 305 (check only one)    X   11a
or for	Iformation copied from such Reports and St. commercial purposes, other than using the I ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. An Ma	II Name (Last, First, Middle Initial) ne B. King ailing Address 6934 Roundwood Ct.	Charles	7'- Onde	Date of Receipt  1 2 2 3 2 0 0 9
	y ublin C ID number of contributing	State OH	Zip Code 43016	Transaction ID: SA11AI.12442  Amount of Each Receipt this Period  25.00
fec Na Mc pa	deral political committee.  Ime of Employer otorists Mutual Ins. Com-	Occupation Vice Pres Aggregate		Payroll deduction of \$25 per pay
<b>B.</b> <u>Te</u>	Il Name (Last, First, Middle Initial) resa M. King ailing Address 1139 Tidewater Court			Date of Receipt  0 7 1 0 2 0 0 9
Cit	у	State	Zip Code	Transaction ID: SA11AI.11496
<u>W</u>	esterville	OH	43082	Amount of Each Receipt this Period
fec	C ID number of contributing deral political committee.	C	n	15.00 Payroll deduction of \$15
Mo	otorists Mutuál Ins. Co.  ceipt For: Primary General Other (specify)	Assist. V		per pay
	II Name (Last, First, Middle Initial) resa M. King			Date of Receipt
	ailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	-	State	Zip Code	Transaction ID: SA11AI.11570
FE	esterville C ID number of contributing deral political committee.	OH	43082	Amount of Each Receipt this Period  15.00
	me of Employer otorists Mutual Ins. Co.	Occupation Assist. V		Payroll deduction of \$15 per pay
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
SUB	TOTAL of Receipts This Page (optional)			55.00
тот	<b>AL</b> This Period (last page this line number o	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Teresa M. King  Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Teresa M. King  Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  255.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  270.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 148 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of	any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Westerville FEC ID number of contributing		o Code 8082	Transaction ID: SA11AI.11896  Amount of Each Receipt this Period  15.00
Federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General	Occupation Assist. V. P. Aggregate Year-to	o-Date ▼	Payroll deduction of \$15 per pay
Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa M. King  Mailing Address 1139 Tidewater Court		285.00	Date of Receipt
City Westerville FEC ID number of contributing federal political committee.		o Code 8082	Transaction ID: SA11AI.11976  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to	o-Date ▼ 300.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court	.I.		Date of Receipt
City Westerville FEC ID number of contributing federal political committee.	·	o Code 8082	Transaction ID: SA11AI.12054  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to	o-Date <b>▼</b> 315.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE		
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Teresa M. King  Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date  345.00	Date of Receipt    M   M   D   D   2009   Transaction ID: SA11AI.12214   Amount of Each Receipt this Period   15.00   Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date  360.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   150 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY C	CIVIC FUND	
Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
Mailing Address 1139 Tidewater Cour	rt		1 2 1 1 2 0 0 9
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.12369
FEC ID number of contributing federal political committee.	C	45002	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
Mailing Address 1139 Tidewater Cour	rt		12 23 YYYYY 12 23 2009
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.12443  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45002	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Jeff Kirkey			Date of Receipt
Mailing Address 1749 Pinecone Cour	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.11497
Lewis Center  FEC ID number of contributing federal political committee.	ОН	43035	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.	P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	I		45.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 305 (check only one)    X
or for comme	ercial purposes, other than using the F COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	RISTS MUTUAL INSURANCE ( e (Last, First, Middle Initial)	COMPANY	SIVIC FUND	
Jeff Kirkey Mailing A	ddress 1749 Pinecone Court			Date of Receipt  0 7 2 4 2 0 0 9
City <u>Lewis C</u>	enter	State OH	Zip Code 43035	Transaction ID: SA11AI.11571  Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		15.00
Name of Motorists	Employer Mutual Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
	or: nary General er (specify) ♥	Aggregate	Year-to-Date ▼ 225.00	
Jeff Kirkey				Date of Receipt
Mailing A	ddress 1749 Pinecone Court			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 8 & & 0 & 7 & & & 2 & 0 & 0 & 9 \end{bmatrix}$
City		State	Zip Code	Transaction ID: SA11AI.11646
<u>Lewis C</u>		OH	43035	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		15.00 Payroll deduction of \$15
	Employer Mutual Ins. Co.	, ·	. P., Claims	per pay
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	ddress 1749 Pinecone Court			08 21 2009
City		State	Zip Code	Transaction ID: SA11AI.11730
	enter umber of contributing slitical committee.	OH C	43035	Amount of Each Receipt this Period  15.00
Name of Motorists	Employer Mutuál Ins. Co.	Occupation Assist. V	n . P., Claims	Payroll deduction of \$15 per pay
	or: nary General er (specify) ▼	1 '	Year-to-Date ▼ 255.00	
SUBTOTAL	of Receipts This Page (optional)		<b>_</b>	45.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   152 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Jeff Kirkey			Date of Receipt
Mailing Address 1749 Pinecone Court	İ		09 04 2009
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.11806  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V	n ′. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Jeff Kirkey			Date of Receipt
Mailing Address 1749 Pinecone Court	<u> </u>		0 9 1 8 2 0 0 9
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.11897
FEC ID number of contributing federal political committee.	C	43033	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co.	Occupatio	n ′. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	<del>'</del>	e Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Jeff Kirkey			Date of Receipt
Mailing Address 1749 Pinecone Court	İ		M M / D D / Y Y Y Y Y Y Y 1 1 0 0 2 2 0 0 9
City Lewis Center	State OH	Zip Code	Transaction ID: SA11AI.11977
FEC ID number of contributing federal political committee.	C	43035	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V	n ′. P., Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than u	ts and Statements may not be sold or used by any paining the name and address of any political committee.  ANCE COMPANY CIVIC FUND	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jeff Kirkey  Mailing Address 1749 Pinecone  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	Court  State Zip Code OH 43035  C  Occupation Assist. V. P., Claims  Aggregate Year-to-Date  315.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Jeff Kirkey  Mailing Address 1749 Pinecone  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeff Kirkey  Mailing Address 1749 Pinecone  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	Court  State Zip Code OH 43035  C  Occupation Assist. V. P., Claims  Aggregate Year-to-Date ▼  345.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (op	tional)	45.00

SCHEDULE A (FEC Form	Use separate sched for each category of Detailed Summary	f the
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by using the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Jeff Kirkey  Mailing Address 1749 Pinecone  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P., Claims Aggregate Year-to-Date ▼	Date of Receipt  1 1 2 5 2 0 0 9  Transaction ID: SA11AI.12291  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial Jeff Kirkey  Mailing Address 1749 Pinecone  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P., Claims Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial Jeff Kirkey  Mailing Address 1749 Pinecone  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P., Claims Aggregate Year-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (c	otional)	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
۱.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt
	Mailing Address 728 South 29th Stree	et 		07 10 2009
	City Manitowoc	State WI	Zip Code 45220	Transaction ID: SA11AI.11461
	FEC ID number of contributing federal political committee.	C	43220	Amount of Each Receipt this Period 20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Age	n ency Operations	Payroll deduction of \$20 per pay
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 280.00	
. –	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt
	Mailing Address 728 South 29th Stree	et		07 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.11535
	Manitowoc  FEC ID number of contributing federal political committee.	C	45220	Amount of Each Receipt this Period  20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Age	n ency Operations	Payroll deduction of \$20 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt
	Mailing Address 728 South 29th Stree	et		08 07 2009
	City	State	Zip Code	Transaction ID: SA11AI.11609
	Manitowoc FEC ID number of contributing federal political committee.	C	45220	Amount of Each Receipt this Period 20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Age	n ency Operations	Payroll deduction of \$20 per pay
	Receipt For:  Primary General  Other (specify) ▼	<del>_, '</del>	e Year-to-Date ▼ 320.00	
	SUBTOTAL of Receipts This Page (optional)	1		60.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 305 (check only one)    X   11a
or for commercia	copied from such Reports and Stal purposes, other than using the DOMMITTEE (In Full)  TS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Michael S Mailing Addre City Manitowoc FEC ID number federal politic Name of Emprilian Muture Receipt For: Primary	per of contributing al committee.		Zip Code 45220  n ncy Operations Year-to-Date   340.00	Date of Receipt    M M
Mr. Michael S Mailing Addre City Manitowoc FEC ID number federal politic Name of Emprilian Milson Mutur Receipt For: Primary	per of contributing al committee.	<u> </u>	Zip Code 45220  n ncy Operations Year-to-Date ▼ 360.00	Date of Receipt    M M M
Mr. Michael S Mailing Addre City Manitowoc FEC ID number federal politic Name of Empression Muture Receipt For: Primary	per of contributing al committee.	<u> </u>	Zip Code 45220  n ncy Operations Year-to-Date ▼ 380.00	Date of Receipt    M M M
SUBTOTAL of	Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pers the name and address of any political committee t E COMPANY CIVIC FUND	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations  Aggregate Year-to-Date   400.00	Date of Receipt  10 02 2009  Transaction ID: SA11AI.11941  Amount of Each Receipt this Period  20.00  Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations Aggregate Year-to-Date  420.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations  Aggregate Year-to-Date   440.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional	l)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree City Manitowoc FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations  Aggregate Year-to-Date   460.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations  Aggregate Year-to-Date   480.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C Occupation V.P. Agency Operations Aggregate Year-to-Date  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin  Mailing Address 728 South 29th Street  City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	, <del>'</del>	Zip Code 45220  cy Operations fear-to-Date ▼ 520.00	Date of Receipt    M   M   23   2009   Transaction ID: SA11AI.12406   Amount of Each Receipt this Period   20.00   Payroll deduction of \$20   per pay
Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City  Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify) ▼	State OH  C  Occupation Assist. V. F  Aggregate Y		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation Assist. V. F	Zip Code 43068  D. ear-to-Date ▼ 225.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)			50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Only Orle)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date  255.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City  Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

ITEMIZED I			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a   11b   13   14   14	PAGE 161 / 305  11c
or for commercial  NAME OF CC	opied from such Reports and State purposes, other than using the na MMITTEE (In Full)  S MUTUAL INSURANCE CO	ame and add	ress of any political committee to	on for the purpose of soliciting a solicit contributions from sur	g contributions ch committee.
A. Mr. Todd Lawre	st, First, Middle Initial) ence 88 8447 Priestley Drive			Date of Receipt	Y - Y - Y - Y
City Reynoldsbu	·	State OH	Zip Code 43068	Transaction ID: SA1  Amount of Each Rece	
· · · · · · · · · · · · · · · · · · ·	er of contributing	C			15.00
Name of Empl Motorists Mutt pany Receipt For: Primary Other (s	oyer µal Ins. Com- General pecify) ▼	Occupation Assist. V. Aggregate		Payroll deduction of per pay	\$15
B. Mr. Todd Lawre	st, First, Middle Initial) ence ss 8447 Priestley Drive			Date of Receipt	2009
City		State	Zip Code	Transaction ID: SA1	
<u>Reynoldsbu</u>	rg	ОН	43068	Amount of Each Rece	ipt this Period
federal politica		C		Payroll deduction of	15.00 \$15
Name of Empl Motorists Mutu pany Receipt For: Primary Other (s	oyer ual Ins. Com- General pecify) ♥	Assist. V. Aggregate		peŕ pay	
Full Name (La: Mr. Todd Lawre	st, First, Middle Initial)			Date of Receipt	
Mailing Addres	ss 8447 Priestley Drive			1 0 / 1 6	2009
City		State	Zip Code	Transaction ID: SA1	
Reynoldsbu FEC ID numbe federal politica	er of contributing	ОН	43068	Amount of Each Rece	15.00
Name of Empl Motorists Mutt pany Receipt For: Primary Other (s	oyer ual Ins. Com-  General pecify) ▼	Occupation Assist. V. Aggregate		Payroll deduction of per pay	\$15
SUBTOTAL of F	Receipts This Page (optional)				45.00
TOTAL This Pe	riod (last page this line number onl	ly)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  330.00	Date of Receipt  10 2009  Transaction ID: SA11AI.12134  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City  Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  345.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  360.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  375.00	Date of Receipt    1 2
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive  City Reynoldsburg  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   Z 3   Z 0 0 9
Full Name (Last, First, Middle Initial) Mr. David W. Lemon  Mailing Address 345 Southshore Drive  City Greenback  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code TN 37742  C  Occupation Director  Aggregate Year-to-Date ▼	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		155.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eacl	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 164 / 305 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of an	y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company	State Zip C OH 4308  C Occupation Assist. V. P.	ode	Date of Receipt  M M J J D D J J D J D J D J D J D J D J
	Receipt For:  Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 210.00	Date of Receipt
	Mailing Address 6740 Callaway Court  City  Westerville  FEC ID number of contributing	State Zip C OH 4308		Transaction ID: SA11AI.11574  Amount of Each Receipt this Period
	Receipt For:  Primary  Other (specify)	Occupation Assist. V. P. Aggregate Year-to-D	ate ▼ 225.00	Payroll deduction of \$15 per pay
_	Full Name (Last, First, Middle Initial)  Michael Lisi  Mailing Address 6740 Callaway Court			Date of Receipt
	City  Westerville  FEC ID number of contributing federal political committee.	State Zip C OH 4308		Transaction ID: SA11AI.11649  Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. P. Aggregate Year-to-D	ate ▼ 240.00	Payroll deduction of \$15 per pay
	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Lisi  Mailing Address 6740 Callaway Court  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Lisi  Mailing Address 6740 Callaway Court  City  Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date  270.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Lisi  Mailing Address 6740 Callaway Court  City  Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D 2 0 0 9  Transaction ID: SA11AI.11900  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 166 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		•	
Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
Mailing Address 6740 Callaway Cour	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.11980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10002	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
Mailing Address 6740 Callaway Cour	rt		10 16 2009
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.12059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70002	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
Mailing Address 6740 Callaway Coul	rt		10 30 2009
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.12135
FEC ID number of contributing federal political committee.	C	43002	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional	)		45.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 305 (check only one)    X   11a
or for commercial purpose  NAME OF COMMITTE	s, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Michael Lisi Mailing Address 674  City Westerville  FEC ID number of confederal political commit  Name of Employer Motorists Mutual Ins. Opany Receipt For:  Primary Other (specify)	O Callaway Court  State OH  tributing tee.  Com- Occupa Assist. Aggreg. General		Date of Receipt    M M M
Full Name (Last, First, Michael Lisi  Mailing Address 674  City  Westerville  FEC ID number of confederal political commit  Name of Employer Motorists Mutual Ins. Opany Receipt For:  Primary  Other (specify)	O Callaway Court  State OH  tributing tee.  Com- Occupa Assist. Aggreg.		Date of Receipt    M   M   25   2009   Transaction ID: SA11AI.12294   Amount of Each Receipt this Period   15.00   Payroll deduction of \$15   per pay
Full Name (Last, First, Michael Lisi  Mailing Address 674  City  Westerville  FEC ID number of confederal political commit  Name of Employer Motorists Mutual Ins. Copany  Receipt For:  Primary  Other (specify)	O Callaway Court  State OH  tributing tee.  Com- Occupa Assist. Aggreg. General		Date of Receipt    M
SUBTOTAL of Receipts	This Page (optional)		45.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 305 (check only one)    X   11a
or for c	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Name (Last, First, Middle Initial)	COMPANT	CIVIC I GIND	
. Micl	hael Lisi			Date of Receipt
	ling Address 6740 Callaway Court			12 23 2009
City <b>W</b> e	esterville	State OH	Zip Code 43082	Transaction ID: SA11AI.12447  Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		15.00
Nan Mot pan	ne of Employer orists Mutual Ins. Com- v	Occupatio Assist. V		Payroll deduction of \$15 per pay
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
Tod	Name (Last, First, Middle Initial) d A. Long			Date of Receipt
Mail	ling Address 1002 Loch Ness Aven	nue		07 10 2009
City		State	Zip Code	Transaction ID: SA11AI.11500
FEC	orthington  CID number of contributing eral political committee.	OH C	43285	Amount of Each Receipt this Period
Nan Mot pan	ne of Employer orists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction of \$15 per pay
	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
	Name (Last, First, Middle Initial) d A. Long			Date of Receipt
Mail	ling Address 1002 Loch Ness Aven	nue		07 24 2009
City	orthington	State OH	Zip Code 43285	Transaction ID: SA11AI.11575  Amount of Each Receipt this Period
FEC	CID number of contributing eral political committee.	C		15.00
Nan Mot pan	ne of Employer orists Mutual Ins. Com- y	Occupatio Assist. V		Payroll deduction of \$15 per pay
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
SUBT	OTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 305 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  1. Todd A. Long		Date of Receipt
Mailing Address 1002 Loch Ness Av	venue	08 07 2009
City Worthington	State Zip Code OH 43285	Transaction ID: SA11AI.11650  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Todd A. Long	<b>I</b>	Date of Receipt
Mailing Address 1002 Loch Ness Av		08 21 2009
City	State Zip Code OH 43285	Transaction ID: SA11AI.11734
Worthington  FEC ID number of contributing federal political committee.	OH 43285	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00	
Full Name (Last, First, Middle Initial) Todd A. Long	I	Date of Receipt
Mailing Address 1002 Loch Ness Av	venue	09 04 2009
City	State Zip Code	Transaction ID: SA11AI.11810
Worthington  FEC ID number of contributing federal political committee.	OH 43285	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00	
SUBTOTAL of Receipts This Page (options	al)	45.00
	iber only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURA	is and Statements may not be sold or used by any per sing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness City Worthington FEC ID number of contributing federal political committee.		Date of Receipt    M M
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:  Primary General Other (specify) ▼	Occupation Assist. V. P.  Aggregate Year-to-Date ▼  285.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness City	S Avenue State Zip Code	Date of Receipt  10 02 2009  Transaction ID: SA11AI.11981
Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	OH 43285  C  Occupation Assist. V. P.  Aggregate Year-to-Date   300.00	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness City	S Avenue State Zip Code	Date of Receipt  10 16 2009  Transaction ID: SA11AI.12060
Worthington  FEC ID number of contributing federal political committee.	OH 43285	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Assist. V. P.  Aggregate Year-to-Date ▼  315.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (op	ional)	45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>N</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 171 / 305   (check only one)     X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
Mailing Address 1002 Loch Ness Av	venue		10 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worthington	State OH	Zip Code 43285	Transaction ID: SA11AI.12136
FEC ID number of contributing federal political committee.	С	43203	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Av	/enue		Date of Receipt
City	State	Zip Code	1 1 1 3 2 0 0 9 Transaction ID: SA11AI.12219
Worthington	OH	43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	345.00	
Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
Mailing Address 1002 Loch Ness Av	/enue		11 25 2009
City	State	Zip Code	Transaction ID: SA11AI.12295
Worthington  FEC ID number of contributing federal political committee.	OH C	43285	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction of \$15 per pay
pany Receipt For:	<del>-                                    </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	
SUBTOTAL of Receipts This Page (optional	.0		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Ave City Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43285  C  Occupation Assist. V. P.  Aggregate Year-to-Date  375.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Ave  City Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43285  C Occupation Assist. V. P. Aggregate Year-to-Date  390.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel  Mailing Address 535 Brule Road #14  City DePere  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 54115  C  Occupation V.P. Marketing  Aggregate Year-to-Date  210.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional	)	45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 305 (check only one)    X
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel  Mailing Address 535 Brule Road #14	COMPANY	SIVIC FUND	Date of Receipt
City DePere	State WI	Zip Code 54115	Transaction ID: SA11AI.11536  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	n	15.00 Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	V.P. Mar		peř pay
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14			Date of Receipt  0 8 0 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.11610
<u>DePere</u>	WI	54115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Mar		per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	l		Date of Receipt
Mailing Address 535 Brule Road #14			08 / 21 / 2009
City <u>DePere</u>	State WI	Zip Code 54115	Transaction ID: SA11AI.11691  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Mar		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)	1		45.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 305 (check only one)    X
NAME OF C	OMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
/	TS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Mr. Steven E.				Date of Receipt
City	ess 535 Brule Road #14	State	Zip Code	0 9 0 4 2 0 0 9  Transaction ID: SA11Al.11771
<u>DePere</u>		WI	54115	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		15.00
Name of Em Wilson Mutu	ployer al Ins. Co.	Occupation V.P. Mar		Payroll deduction of \$15 per pay
Receipt For: Primar Other	y General (specify) ▼	_, .	Year-to-Date ▼ 270.00	
Mr. Steven È.				Date of Receipt
Mailing Addr	ess 535 Brule Road #14			09 18 2009
City		State	Zip Code	Transaction ID: SA11AI.11861
<u>DePere</u>		WI	54115	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		15.00
Name of Em Wilson Mutu	ployer al Ins. Co.	Occupation V.P. Mark		Payroll deduction of \$15 per pay
Receipt For: Primar	v General	Aggregate	Year-to-Date ▼	
	(specify) ▼		285.00	
Full Name (L Mr. Steven E.	ast, First, Middle Initial) Manteufel			Date of Receipt
Mailing Addr	ess 535 Brule Road #14			10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.11942
<u>DePere</u>	ber of contributing	WI	54115	Amount of Each Receipt this Period
federal politic	cal committee.	C		15.00 Payroll deduction of \$15
Name of Em Wilson Mutu		Occupation V.P. Mar	keting	per pay
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of	Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 175 / 305   (check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel			Date of Receipt
Mailing Address 535 Brule Road #14			10 16 2009
City	State	Zip Code	Transaction ID: SA11Al.12021
DePere FEC ID number of contributing	C	54115	Amount of Each Receipt this Period
federal political committee.			Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	Occupatio V.P. Mar		per pay
Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	<u> </u>		Date of Receipt
Mailing Address 535 Brule Road #14			10 30 Y Y Y Y Y Y Y
City DePere	State WI	Zip Code 54115	Transaction ID: SA11AI.12097
FEC ID number of contributing federal political committee.	C	J4110	Amount of Each Receipt this Period  15.00
Name of Employer Wilson Mutual Ins. Co.	Occupatio V.P. Mar		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	. '	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial)	1		Data of Descript
Mr. Steven E. Manteufel  Mailing Address 535 Brule Road #14			Date of Receipt  1 1 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.12177
DePere FEC ID number of contributing federal political committee.	C	54115	Amount of Each Receipt this Period 15.00
Name of Employer Wilson Mutual Ins. Co.	Occupatio V.P. Mar		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel  Mailing Address 535 Brule Road #14		Date of Receipt
City	State Zip Code	1 1 2 5 2 0 0 9 Transaction ID: SA11AI.12255
<u>DePere</u>	WI 54115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
Mailing Address 535 Brule Road #14		12 11 2009
City	State Zip Code	Transaction ID: SA11AI.12333
<u>DePere</u>	WI 54115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
Mailing Address 535 Brule Road #14		12 23 YYYYY 12 23 2009
City	State Zip Code	Transaction ID: SA11AI.12407
DePere FEC ID number of contributing	WI 54115	Amount of Each Receipt this Period
federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	per pay
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 305 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way		Date of Receipt
		07 10 2009
Charbassa	State Zip Code	Transaction ID: SA11AI.11522
Chanhassen	MN 55317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	1	Date of Receipt
Mailing Address 7705 Ridgeview Way		07 24 2009
City	State Zip Code	Transaction ID: SA11AI.11597
Chanhassen	MN 55317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	1	Date of Receipt
Mailing Address 7705 Ridgeview Way		08 07 7 2009
City	State Zip Code	Transaction ID: SA11AI.11672
Chanhassen	MN 55317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
CURTOTAL of Possints This Page (antional)		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual	State MN C	Zip Code 55317  ef Operating Officer	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Ins.  Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	<u> </u>	
-	Full Name (Last, First, Middle Initial)  Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: SA11Al.11832
	Chanhassen  FEC ID number of contributing federal political committee.	C	55317	Amount of Each Receipt this Period  25.00  Payroll deduction of \$25
	Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	Occupation Sr. VP & Chi Aggregate Yea	ef Operating Officer ur-to-Date ▼ 450.00	per pay
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	0 0 0	0 0 0 0 0 0	Date of Receipt
	Mailing Address 7705 Ridgeview Way			09 / 18 / 2009
	City		Zip Code	Transaction ID: SA11AI.11923
	Chanhassen  FEC ID number of contributing federal political committee.	C	55317	Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual Ins. Receipt For:	Occupation Sr. VP & Chi	ef Operating Officer	Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼		475.00	
	SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 305 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any perso the name and address of any political committee to E COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wa  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer  Aggregate Year-to-Date   500.00	Date of Receipt  10 02 2009  Transaction ID: SA11AI.12003  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wa  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer  Aggregate Year-to-Date   525.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Wa  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer  Aggregate Year-to-Date   550.00	Date of Receipt  M M J J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼  575.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼  600.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼  625.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date   650.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Drive  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  210.00	Date of Receipt  0 7 10 2009  Transaction ID: SA11AI.11523  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Drive  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  225.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Thomas M Mason  Mailing Address 575 Summerfield Driv  City  Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General  Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  240.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Driv  City  Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  255.00	Date of Receipt    M   M   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Driv  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C Occupation V. P. Marketing Aggregate Year-to-Date  270.00	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any pers the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Dr	ive	Date of Receipt
City Chanhassen FEC ID number of contributing	State Zip Code MN 55317	Transaction ID: SA11AI.11924  Amount of Each Receipt this Period
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General	Occupation V. P. Marketing Aggregate Year-to-Date  285.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Dr  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual	State Zip Code MN 55317  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ins. Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Thomas M Mason  Mailing Address 575 Summerfield Dr	V. P. Marketing  Aggregate Year-to-Date ▼  300.00	Date of Receipt
City Chanhassen FEC ID number of contributing federal political committee.	State Zip Code MN 55317	Transaction ID: SA11AI.12082  Amount of Each Receipt this Period  15.00
Name of Employer American Hardware Mutual Ins. Receipt For:  Primary General Other (specify) ▼	Occupation V. P. Marketing Aggregate Year-to-Date ▼  315.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	)	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Driv  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  330.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Driv  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date   345.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Driv  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date   360.00	Date of Receipt  1 1 2 5 2 0 0 9  Transaction ID: SA11AI.12317  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)	1	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Drive  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date  375.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Drive  City  Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55317  C Occupation V. P. Marketing Aggregate Year-to-Date  390.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge C  City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	Ourt  State Zip Code WI 54220  C  Occupation Director  Aggregate Year-to-Date ▼  630.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge ( City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:	State Zip Code WI 54220  C Occupation Director Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	675.00	Date of Receipt
Mailing Address 2135 Hunters Ridge (		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Manitowoc	State Zip Code WI 54220	Transaction ID: SA11AI.11614
FEC ID number of contributing federal political committee.	C Occupation	Amount of Each Receipt this Period  45.00  Payroll deduction of \$45 per pay
Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Director  Aggregate Year-to-Date ▼  720.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
Mailing Address 2135 Hunters Ridge (		08 / 21 / 2009
City	State Zip Code WI 54220	Transaction ID: SA11AI.11696
Manitowoc  FEC ID number of contributing federal political committee.	WI 54220	Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
SURTOTAL of Receipts This Page (antional)		135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per- he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co. Receipt For:	Court  State Zip Code WI 54220  C  Occupation Director  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge	810.00 Court	Date of Receipt
City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code WI 54220  C Occupation	Transaction ID: SA11AI.11865  Amount of Each Receipt this Period  45.00  Payroll deduction of \$45
Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	Director  Aggregate Year-to-Date ▼  855.00	per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge	Court	Date of Receipt  1 0 0 2 2 0 0 9
City  Manitowoc  FEC ID number of contributing federal political committee.	State Zip Code WI 54220	Transaction ID: SA11AI.11946  Amount of Each Receipt this Period  45.00
Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Director  Aggregate Year-to-Date   900.00	Payroll deduction of \$45 per pay
SUBTOTAL of Receipts This Page (optional)		135.00

	LE A (FEC Form 3X)  • RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 305 (check only one)    X   11a
or for commerc	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full)	Statements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORIS	STS MUTUAL INSURANCE (	COMPANY	CIVIC FUND	
Mr. Robert L	(Last, First, Middle Initial) McCracken			Date of Receipt
	dress 2135 Hunters Ridge C			10 16 2009
City <u>Manitowo</u>	oC	State WI	Zip Code 54220	Transaction ID: SA11AI.12025  Amount of Each Receipt this Period
	mber of contributing tical committee.	C		45.00
Name of Er Motorists N	nployer lutual Ins. Co.	Occupation Director	n	Payroll deduction of \$45 per pay
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 945.00	
Mr. Robert L	(Last, First, Middle Initial) McCracken			Date of Receipt
	dress 2135 Hunters Ridge C	ourt		10 30 7 2009
City Manitowo	nc.	State WI	Zip Code 54220	Transaction ID: SA11AI.12101  Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C	OTELO	45.00
Name of Er Motorists M	mployer lutual Ins. Co.	Occupation Director	n	Payroll deduction of \$45 per pay
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 990.00	
	(Last, First, Middle Initial) McCracken	1		Date of Receipt
Mailing Add	dress 2135 Hunters Ridge C	ourt		1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Manitowo	oc	State WI	Zip Code 54220	Transaction ID: SA11AI.12182  Amount of Each Receipt this Period
	mber of contributing tical committee.	С		45.00
Name of Er Motorists M	nployer lutual Ins. Co.	Occupation Director	n	Payroll deduction of \$45 per pay
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1035.00	
SUBTOTAL	of Receipts This Page (optional)	1		135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 305 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C City Manitowoc FEC ID number of contributing federal political committee.	Court State WI	Zip Code 54220	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Director Aggregate	e Year-to-Date ▼ 1080.00	Payroll deduction of \$45 per pay
	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge C	Court		Date of Receipt  1 2 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12337
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period  45.00  Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	Occupation Director  Aggregate	e Year-to-Date ▼ 1125.00	per pay
_	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge C	Court		Date of Receipt  1 2 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12411
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1170.00	
	SUBTOTAL of Receipts This Page (optional) .	•		135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date  210.00	Date of Receipt  M M M 2009  Transaction ID: SA11AI.11502  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date  225.00	Date of Receipt  M M M / 24 / 2009  Transaction ID: SA11AI.11576  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 305 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General  Other (specify)	State OH C Occupation Manager	Zip Code 43130 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State OH C Occupation Manager	Zip Code 43130  Year-to-Date ▼ 270.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State OH C Occupation Manager	Zip Code 43130 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any pers the name and address of any political committee to CE COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Aver  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company	State Zip Code OH 43130  C Occupation Manager	Date of Receipt  10 02 2009  Transaction ID: SA11AI.11982  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Mark J. Nixon  Mailing Address 662 East Fifth Aver	nue	Date of Receipt  1 0 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.12061
Lancaster  FEC ID number of contributing federal political committee.	OH 43130	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Manager  Aggregate Year-to-Date   315.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial)  Mark J. Nixon  Mailing Address 662 East Fifth Aver	nue	Date of Receipt
City	State Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11AI.12137
<u>Lancaster</u>	OH 43130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Manager  Aggregate Year-to-Date ▼  330.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	I	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Paç	e (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130  C Occupation Manager Aggregate Year-to-Date  345.0	Date of Receipt    1
Full Name (Last, First, Middle Initial)  Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date ▼  360.0	Date of Receipt    1 1
Full Name (Last, First, Middle Initial) Mark J. Nixon  Mailing Address 662 East Fifth Avenue  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date ▼	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(criceck dirily dire)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE.	g the name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark J. Nixon  Mailing Address 662 East Fifth Ave  City	nue State Zip Code	Date of Receipt  1 2 2 3 2 0 0 9  Transaction ID: SA11AI.12449
Lancaster  FEC ID number of contributing federal political committee.	OH 43130	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Manager  Aggregate Year-to-Date   390.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Thomas C. Ogg  Mailing Address 4612 Club Dr., Uni	t 201	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Port Charlotte  FEC ID number of contributing federal political committee.	State Zip Code FL 33953	Transaction ID: SA11AI.11503  Amount of Each Receipt this Period  50.00
Name of Employer retired from MIG  Receipt For:  Primary General  Other (specify) ▼	Occupation MIG Director  Aggregate Year-to-Date  700.00	Payroll deduction of \$50 per pay
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Uni	t 201	Date of Receipt
City Port Charlotte  FEC ID number of contributing federal political committee.	State Zip Code FL 33953	Transaction ID: SA11AI.11577  Amount of Each Receipt this Period  50.00
Name of Employer retired from MIG  Receipt For:  Primary General  Other (specify) ▼	Occupation MIG Director  Aggregate Year-to-Date  750.00	Payroll deduction of \$50 per pay
SUBTOTAL of Receipts This Page (option	al)	115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
7	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY C	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11652
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer retired from MIG	Occupation MIG Direct		Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	
_	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.11736
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Payroll deduction of \$50
	Name of Employer retired from MIG	Occupation MIG Direct	ctor	per pay
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	-
	Other (specify)		850.00	
	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.11812
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer retired from MIG	Occupation MIG Direct	ctor	Payroll deduction of \$50 per pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	
	SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit 20  City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer retired from MIG  Receipt For: Primary General Other (specify)	State Zip Code FL 33953  C  Occupation MIG Director  Aggregate Year-to-Date  950.00	Date of Receipt  M M J D D J Z D O D  Transaction ID: SA11AI.11903  Amount of Each Receipt this Period  50.00  Payroll deduction of \$50 per pay
Full Name (Last, First, Middle Initial) Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit 20  City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer retired from MIG  Receipt For: Primary General Other (specify)	State Zip Code FL 33953  C  Occupation MIG Director  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit 20  City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer retired from MIG  Receipt For: Primary General Other (specify)	State Zip Code FL 33953  C  Occupation MIG Director  Aggregate Year-to-Date   1050.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 0 1 6 2 0 0 9  Transaction ID: SA11AI.12084  Amount of Each Receipt this Period  50.00  Payroll deduction of \$50 per pay
SUBTOTAL of Receipts This Page (optional)		150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
\ \ \	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		11 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.12260
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer retired from MIG	Occupatio MIG Dire		Payroll deduction of \$50 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12338
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Payroll deduction of \$50
	Name of Employer retired from MIG	Occupatio MIG Dire	ector	per pay
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1150.00	
_	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	201		1 2 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12412
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer retired from MIG	Occupatio MIG Dire		Payroll deduction of \$50 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt    M   M   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt    M   M   24   2009   Transaction ID: SA11AI.11578   Amount of Each Receipt this Period   15.00    Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial) Mr. Mark Peacock  Mailing Address 4460 Swenson Street  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.11653  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)			45.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 305 (check only one)    X   11a
A 0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	MOTORISTS MUTUAL INSURANCE ( Full Name (Last, First, Middle Initial)	COMPANY	LIVIC FUND	Date of Baselini
•	Mr. Mark Peacock  Mailing Address 4460 Swenson Street			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State OH	Zip Code	Transaction ID: SA11AI.11737
	Hilliard  FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	
_	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11Al.11813
	Hilliard  FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street			Date of Receipt
		0	7: 0 !	09 18 2009
	City <u>Hilliard</u>	State OH	Zip Code 43026	Transaction ID: SA11AI.11904  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)			45.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or fo	rinformation copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>ا</u> ا -	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	City  Hilliard  FEC ID number of contributing federal political committee.	State OH	Zip Code 43026	Transaction ID: SA11AI.11984  Amount of Each Receipt this Period  15.00
! !	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General  Other (specify) ▼	Occupation Assist. V. Aggregate		Payroll deduction of \$15 per pay
. !	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street			Date of Receipt
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.12062  Amount of Each Receipt this Period
f 1 1	FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	Occupation Assist. V.		Payroll deduction of \$15 per pay
1	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street			Date of Receipt
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.12138  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
1	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:  Primary  General  Other (specify) ▼	Occupation Assist. V. Aggregate		Payroll deduction of \$15 per pay
su	IBTOTAL of Receipts This Page (optional) .	1		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 305 (check only one)    X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
•	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Hilliard FEC ID number of contributing federal political committee.	ОН	43026	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. Aggregate		Payroll deduction of \$15 per pay
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street	<b>'</b>		Date of Receipt  1 1 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12297
,	Hilliard  FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. Aggregate		Payroll deduction of \$15 per pay
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			12 11 2009
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.12376  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
SL	JBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
ny information copied from such Reports and Star for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE Commercial Comme	ame and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting Aggregate Year-to-Date	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date	Date of Receipt  M M M / 24 / 2009  Transaction ID: SA11AI.11599  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 305 (check only one)    X
Any information copied from such Reports and State or for commercial purposes, other than using the I	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208	State 7in Code	08 07 2009
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.11675  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Underwriting  Aggregate Year-to-Date ▼  240.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	0 0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		08 21 7 2009
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.11758
FEC ID number of contributing federal political committee.	MN 55446	Amount of Each Receipt this Period  15.00
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		09 04 2009
City <u>Plymouth</u>	State Zip Code MN 55446	Transaction ID: SA11AI.11834
FEC ID number of contributing federal political committee.	MN 55446	Amount of Each Receipt this Period
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number of	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 305 (check only one)    X
Any information copied from such Reports and State or for commercial purposes, other than using the result of the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N  Apt. B208  City  Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General  Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date  285.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.11925  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date   300.00	Date of Receipt  M M C D D C 2 2 0 0 9  Transaction ID: SA11AI.12005  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date   315.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins. Receipt For:	State MN  C  Occupation V. P. Und	Zip Code 55446  n derwriting  Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins. Receipt For:	State MN  C  Occupation V. P. Uno	Zip Code 55446  derwriting e Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General Other (specify) ▼	State MN  C  Occupation V. P. Und	Zip Code 55446  n derwriting Year-to-Date ▼ 360.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 305 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   2009   Transaction ID: SA11AI.12397   Amount of Each Receipt this Period   15.00    Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial)  Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N  Apt. B208  City  Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For:  Primary General  Other (specify)	State Zip Code MN 55446  C  Occupation V. P. Underwriting  Aggregate Year-to-Date   390.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Damian Puchala  Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / 2009  Transaction ID: SA11AI.11506  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Damian Puchala  Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  225.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Damian Puchala  Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M O 7  0 8  Transaction ID: SA11AI.11655  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Damian Puchala  Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  255.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 305 (check only one)    X   11a
A	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.11815
	Powell From the second	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.11906
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		per pay
	pany Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y Y Y 1 Y 1 D D / Y 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11986
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	. P.	per pay
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 305 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Full Name (Last, First, Middle Initial)	COMPANT	CIVIC I GIND	
	Damian Puchala  Mailing Address 325 Olenview Circle			Date of Receipt
				10 16 2009
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12064  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction of \$15 per pay
	pany Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 315.00	
_	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			10 30 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.12140
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General  Other (specify) ▼		330.00	
	Full Name (Last, First, Middle Initial) Damian Puchala	1		Date of Receipt
	Mailing Address 325 Olenview Circle			1 1 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12223
	Powell FEC ID number of contributing	OH	43065	Amount of Each Receipt this Period
	federal political committee.	C		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	. P.	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	
_	SUBTOTAL of Receipts This Page (optional)	•		45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	the Cirieck of the Cirie
ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political co	vany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt    M M   25   2009   Transaction ID: SA11AI.12299   Amount of Each Receipt this Period   15.00   Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 211 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCI	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
Mailing Address 825 West Price Stre	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11457
FEC ID number of contributing federal political committee.	C	32746	Amount of Each Receipt this Period  15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V P Cor	n nmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
Mailing Address 825 West Price Stre	et		07 24 2009
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11531  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32740	15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V P Cor	n mmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
Mailing Address 825 West Price Stre	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.11605
FEC ID number of contributing federal political committee.	C	32740	Amount of Each Receipt this Period  15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Con	n mmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	I )	<b>h</b>	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street City Eldridge FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State IA  C Occupation V. P. Con	Zip Code 52748 Inmercial Lines Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State IA  C Occupation V. P. Con	Zip Code 52748  nmercial Lines Year-to-Date ▼ 270.00	Date of Receipt  M M M O D D O 4 2009  Transaction ID: SA11AI.11766  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State IA  C Occupation V. P. Con	Zip Code 52748  nmercial Lines Year-to-Date ▼ 285.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 213 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
Mailing Address 825 West Price Stree	et		10 02 2009
City	State	Zip Code	Transaction ID: SA11AI.11937
Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period  15.00
Name of Employer lowa Mutual Ins. Co.	Occupatio V. P. Co	n mmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
Mailing Address 825 West Price Stree	et		10 16 2009
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.12016  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32140	15.00
Name of Employer Iowa Mutual Ins. Co.	Occupatio V. P. Co	n mmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial)			
Georgia Puls  Mailing Address 825 West Price Stree	et		Date of Receipt  1 0 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.12092
Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period
Name of Employer lowa Mutual Ins. Co.	Occupatio V. P. Cor	n mmercial Lines	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	ı		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personename and address of any political committee to COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Stree  City Eldridge FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	t  State Zip Code IA 52748  C  Occupation V. P. Commercial Lines  Aggregate Year-to-Date ▼  345.00	Date of Receipt    M   M   13   2009   Transaction ID: SA11AI.12172   Amount of Each Receipt this Period   15.00    Payroll deduction of \$15   per pay
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Stree  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52748  C  Occupation V. P. Commercial Lines  Aggregate Year-to-Date  360.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Stree  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52748  C  Occupation V. P. Commercial Lines  Aggregate Year-to-Date  375.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	COMPANTO	VICTOND	
•	Georgia Puls  Mailing Address 825 West Price Street	<u> </u>		Date of Receipt  1 2 2 3 2 0 0 9
	City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.12402  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer lowa Mutual Ins. Co.  Receipt For:		mercial Lines ∕ear-to-Date ▼	Payroll deduction of \$15 per pay
_	Primary General Other (specify) ▼	0 0	390.00	
	Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court			Date of Receipt
	City	State	Zip Code	1 0 1 6 2 0 0 9  Transaction ID: SA11AI.12065
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) Kelly Reisling	<u> </u>		Date of Receipt
	Mailing Address 3178 Ranke Court			10 30 7 2009
	City Grove City	State OH	Zip Code 43123	Transaction ID: SA11AI.12141  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional) .	1		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personal ename and address of any political committee to COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Asst. VP  Aggregate Year-to-Date ▼  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Asst. VP  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Asst. VP  Aggregate Year-to-Date ▼  270.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	45.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 305 (check only one)    X   11a
or for commercial  NAME OF CC	opied from such Reports and St purposes, other than using the MMITTEE (In Full) S MUTUAL INSURANCE O	name and add	dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La Kelly Reisling Mailing Address City Grove City FEC ID number federal political Name of Emplemental Motorists Mutter Receipt For:	er of contributing I committee.	State OH C Occupation Asst. VP	Zip Code 43123	Date of Receipt    M M
Full Name (La: Paul J. Richard Mailing Addres  City Powell  FEC ID number federal politica  Name of Emplement Motorists Mutter pany Receipt For: Primary	er of contributing I committee.	State OH C Occupation Assist. V		Date of Receipt  O 7 10 2009  Transaction ID: SA11AI.11508  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Paul J. Richard Mailing Addres  City Powell  FEC ID number federal politica  Name of Emplement Motorists Mutter pany Receipt For: Primary	er of contributing I committee.	State OH C Occupation Assist. V		Date of Receipt    M M M
SUBTOTAL of F	Receipts This Page (optional)			45.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 305 (check only one)    X
or for commercial purpos  NAME OF COMMITT	es, other than using the name and	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Powell  FEC ID number of co federal political comm  Name of Employer Motorists Mutual Ins. pany	State OH  ntributing ittee.  Com-  Com-  State OH  Ccup Assis	pation st. V. P.	Date of Receipt  M M M O 7  2009  Transaction ID: SA11AI.11657  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Receipt For: Primary Other (specify)	General ▼	egate Year-to-Date ▼ 240.00	
Full Name (Last, First Paul J. Richards Mailing Address 47 City	, Middle Initial) 32 Golf Village Drive State	e Zip Code	Date of Receipt  0 8 2 1 2 0 0 9  Transaction ID: SA11AI.11741
Powell  FEC ID number of co federal political comm  Name of Employer Motorists Mutual Ins. pany  Receipt For:  Primary  Other (specify)	Com- Occup Assis General Aggre	43065  Dation  St. V. P.  egate Year-to-Date ▼  255.00	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First			Date of Receipt
City Powell  FEC ID number of co federal political comm		e Zip Code 43065	Transaction ID: SA11AI.11817  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. pany Receipt For: Primary Other (specify)	Aggre General	pation st. V. P. egate Year-to-Date ▼ 270.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipt	This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul J. Richards  Mailing Address 4732 Golf Village Drive  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C Occupation Assist. V. P. Aggregate Year-to-Date  285.00	Date of Receipt    M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village Drive  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P.  Aggregate Year-to-Date   300.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Paul J. Richards  Mailing Address 4732 Golf Village Drive  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C Occupation Assist. V. P. Aggregate Year-to-Date  315.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
A	y information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or used by any phe name and address of any political committee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
_	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Dr		10 30 7 2009
	City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.12142  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
_	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Dr	ive	1 1 1 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.12225
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Dr	ive	1 1 2 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.12301
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	
	UPTOTAL (Consider This Press (self-con)		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the circuit only only
A	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Dri	ve	12 11 2009
	City	State Zip Code	Transaction ID: SA11AI.12380
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Dri	ve	12 23 2009
	City	State Zip Code	Transaction ID: SA11AI.12454
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	390	0.00
_	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Ave	nue	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State Zip Code	Transaction ID: SA11Al.11509
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Γ,	SUBTOTAL of Receipts This Page (optional)		55.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 222 / 305   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.11583  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	/enue		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.11658  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	/enue		0 8 2 1 2 0 0 9
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.11742  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	]
SUBTOTAL of Receipts This Page (optional	I SI)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43085  C  Occupation Vice President  Aggregate Year-to-Date  450.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43085  C  Occupation Vice President  Aggregate Year-to-Date ▼  475.00	Date of Receipt    M   M   D   D   D   2 0 0 9
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General  Other (specify)	State Zip Code OH 43085  C  Occupation Vice President  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional) .		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 224 / 305   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	venue		M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 1 6 2 0 0 9
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.12067  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+5005	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	/enue		10 30 YYYYY
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.12143  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	/enue		1 1 1 3 2 0 0 9
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.12226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+5005	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 575.00	
SUBTOTAL of Receipts This Page (optional	I SI)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 225 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of a	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)		1 1 1	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)		1 1 1	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz  Mailing Address 1026 Loch Ness Aver  City  Worthington  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)		1 1 1	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional) .			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person ename and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Eugene Schneckloth  Mailing Address 334 Country Club Council P. O. Box 46  City  Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)	State Zip Code IA 52748  C  Occupation Director  Aggregate Year-to-Date  375.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Mr. Eugene Schneckloth  Mailing Address 334 Country Club Cou P. O. Box 46  City  Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52748  C  Occupation Director  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   13   2009   Transaction ID: SA11AI.12184   Amount of Each Receipt this Period   125.00    Director retainer deduction of \$125 per qtr
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz  Mailing Address 1116 Sommer Drive  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 53081  C  Occupation V. P. Underwriting  Aggregate Year-to-Date  210.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		265.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mrs. Karen L. Schultz  Mailing Address 1116 Sommer Drive  City  Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)	State Zip Code WI 53081  C  Occupation V. P. Underwriting  Aggregate Year-to-Date  225.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz  Mailing Address 1116 Sommer Drive  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 53081  C  Occupation V. P. Underwriting  Aggregate Year-to-Date  240.00	Date of Receipt    M   M   D   D   Z   D   D
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz  Mailing Address 1116 Sommer Drive  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 53081  C  Occupation V. P. Underwriting  Aggregate Year-to-Date  255.00	Date of Receipt    M M M   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mrs. Karen L. Schultz  Mailing Address 1116 Sommer Drive		Date of Receipt
City	State Zip Code	0 9 0 4 2 0 0 9  Transaction ID: SA11Al.11772
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
Mailing Address 1116 Sommer Drive		09 18 2009
City	State Zip Code	Transaction ID: SA11AI.11862
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	]
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz	1	Date of Receipt
Mailing Address 1116 Sommer Drive		10 / 02 / 4 4 4 4 4
City	State Zip Code	Transaction ID: SA11AI.11943
Sheboygan  FEC ID number of contributing federal political committee.	WI 53081	Amount of Each Receipt this Period  15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .		45.00
TOTAL This Period (last page this line number	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 305 (check only one)    X
or for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
Mailing Address 1116 Sommer Drive  City	State Zip Code	1 0 1 6 2 0 0 9  Transaction ID: SA11AI.12022
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial)  Mrs. Karen L. Schultz		Date of Receipt
Mailing Address 1116 Sommer Drive	10 30 2009	
City	State Zip Code	Transaction ID: SA11AI.12098
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
Mailing Address 1116 Sommer Drive		11 13 7 2009
City	State Zip Code	Transaction ID: SA11AI.12178
Sheboygan  FEC ID number of contributing federal political committee.	WI 53081	Amount of Each Receipt this Period  15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional) .		45.00
TOTAL This Period (last page this line numbe	•	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any peen and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
) 1	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
1	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
_	Mailing Address 1116 Sommer Drive		111 25 2009
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.12256  Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	15.00
<u> </u>	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
F	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
1	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
N	Mailing Address 1116 Sommer Drive		1 2 1 1 2 0 0 9
Ō	Dity	State Zip Code	Transaction ID: SA11AI.12334
_	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	15.00
<u>/</u>	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
F	Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
N	Mailing Address 1116 Sommer Drive		12 23 2009
	Dity	State Zip Code	Transaction ID: SA11AI.12408
F	Sheboygan FEC ID number of contributing ederal political committee.	WI 53081	Amount of Each Receipt this Period 15.00
7	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
			45.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 305 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow La  City New Albany  FEC ID number of contributing federal political committee.	State Zip Code OH 43054	Date of Receipt  0 7 1 0 2 0 0 9  Transaction ID: SA11AI.11510  Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   350.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow La	ne	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.11584
New Albany	OH 43054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
Mailing Address 1252 Pond Hollow La	ne	08 07 2009
City	State Zip Code	Transaction ID: SA11AI.11659
New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  Other (specify)    Other (specify)    Other (specify)   Other	Occupation Vice President  Aggregate Year-to-Date   400.00	Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional) .		75.00

	IEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 232 / 305   (check only one)
Any in	formation copied from such Reports and commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NA	ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE		•	
	II Name (Last, First, Middle Initial) ren L. Schwartz			Date of Receipt
	iling Address 1252 Pond Hollow La	ine		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	y ew Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.11743  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	4004	25.00
	me of Employer otorists Mutual Insurance ompany	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
	II Name (Last, First, Middle Initial) ren L. Schwartz			Date of Receipt
Ma	iling Address 1252 Pond Hollow La	ine		09 04 2009
City	y ew Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.11819
FE	C ID number of contributing leral political committee.	C	43034	Amount of Each Receipt this Period 25.00
Mo	me of Employer otorists Mutual Insurance ompany	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	II Name (Last, First, Middle Initial) ren L. Schwartz			Date of Receipt
_	iling Address 1252 Pond Hollow La	ıne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	y ew Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.11910
FE	C ID number of contributing leral political committee.	C	43034	Amount of Each Receipt this Period 25.00
<u>Co</u>	me of Employer otorists Mutual Insurance ompany	Occupatio Vice Pres	sident	Payroll deduction of \$25 per pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
CUPT	FOTAL of Receipts This Page (optional)	l		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 305 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen L. Schwartz  Mailing Address 1252 Pond Hollow Late  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date   500.00	Date of Receipt  M M M O 2  1 0 0 2  Transaction ID: SA11AI.11990  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Karen L. Schwartz  Mailing Address 1252 Pond Hollow Lau  City  New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date  525.00	Date of Receipt  M M M J D D C 2 0 0 9  Transaction ID: SA11AI.12068  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lat  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date   550.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional) .		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any personant the name and address of any political committee to E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow L  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date   575.00	Date of Receipt    M   M   D   D   2 0 0 9   Transaction ID: SA11AI.12227   Amount of Each Receipt this Period   25.00   Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Karen L. Schwartz  Mailing Address 1252 Pond Hollow L  City  New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen L. Schwartz  Mailing Address 1252 Pond Hollow L  City  New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Vice President  Aggregate Year-to-Date   625.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	)	75.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for co	ormation copied from such Reports and Sommercial purposes, other than using the OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	TORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
. Kare	Name (Last, First, Middle Initial) n L. Schwartz			Date of Receipt
	ng Address 1252 Pond Hollow Lai			12 23 2009
City <u>Nev</u>	v Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.12456  Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		25.00
Nam Moto Com	e of Employer orists Mutual Insurance Ipany	Occupation Vice Pre-		Payroll deduction of \$25 per pay
	eipt For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 650.00	
Mr. F	Name (Last, First, Middle Initial) Robert C. Smith	<u> </u>		Date of Receipt
Maili	Mailing Address 29270 Hampshire Place			07 10 2009
City	atlalia	State	Zip Code	Transaction ID: SA11AI.11467
FEC	stlake  ID number of contributing ral political committee.	OH C	44145	Amount of Each Receipt this Period  55.00
Nam Moto	e of Employer rists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$55 per pay
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 770.00	
	Name (Last, First, Middle Initial) Robert C. Smith			Date of Receipt
Maili	ng Address 29270 Hampshire Pla	ice		07 24 2009
City We:	stlake	State OH	Zip Code 44145	Transaction ID: SA11AI.11541  Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	С		55.00
Nam Moto	e of Employer rrists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$55 per pay
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 825.00	
SUBTO	DTAL of Receipts This Page (optional) .	1		135.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith  Mailing Address 29270 Hampshire Pl	ace	Date of Receipt
<u> </u>		08 07 2009
City	State Zip Code	Transaction ID: SA11AI.11615
Westlake	OH 44145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	880.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
Mailing Address 29270 Hampshire Pl	ace	08 21 2009
City	State Zip Code	Transaction ID: SA11AI.11697
Westlake	OH 44145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	935.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
Mailing Address 29270 Hampshire Pl	ace	09 / 04 / 2009
City	State Zip Code	Transaction ID: SA11AI.11776
Westlake	OH 44145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	990.00	
CURTOTAL of Describe This Description of		165.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	ne (crieck only one)
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by a ne name and address of any political com	nny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla		09 / 18 / 2009
	City Westlake	State Zip Code OH 44145	Transaction ID: SA11AI.11866
	FEC ID number of contributing federal political committee.	C 44143	Amount of Each Receipt this Period  55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
-	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	10 02 2009	
	City	State Zip Code	Transaction ID: SA11AI.11947
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00 Payroll deduction of \$55
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	per pay
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	.00
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace	10 16 Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12026
	Westlake FEC ID number of contributing federal political committee.	OH 44145	Amount of Each Receipt this Period  55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Г	CURTOTAL of Possints This Page (antional)		165.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 238 / 305   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
Mailing Address 29270 Hampshire	Place		10 30 7 2009
City Westlake	State OH	Zip Code	Transaction ID: SA11AI.12102
FEC ID number of contributing federal political committee.	C	44145	Amount of Each Receipt this Period  55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$55 per pay
Receipt For:  Primary General  Other (specify) ▼	1	Year-to-Date ▼ 1210.00	]
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
Mailing Address 29270 Hampshire	Place		1 1 1 3 2 0 0 9
City Westlake	State OH	Zip Code 44145	Transaction ID: SA11AI.12183  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44140	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$55 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1265.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
Mailing Address 29270 Hampshire	Place		1 1 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.12261
Westlake FEC ID number of contributing federal political committee.	OH C	44145	Amount of Each Receipt this Period  55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$55 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1320.00	
SUBTOTAL of Receipts This Page (options	al)		165.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 305 (check only one)    X
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla  City Westlake  FEC ID number of contributing federal political committee.		Zip Code 44145	Date of Receipt    M M M
	Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify) ▼	Director	e Year-to-Date ▼ 1375.00	per pay
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith  Mailing Address 29270 Hampshire Pla	ace		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.12413
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00  Payroll deduction of \$55
	Name of Employer Motorists Mutual Ins. Co.	Director	11	per pay
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1430.00	
_	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		0 7 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11511
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupatio Assist. V	′. P.	Payroll deduction of \$15 per pay
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)	-		125.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 305 (check only one)    X   11a
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In Fundamental Commercial Purposes) MOTORISTS MUTUAL IN	than using the name and adult)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle I Ralph W. Smithers, Jr.  Mailing Address 6418 Sum  City  New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Com-			Date of Receipt  O 7
pany Receipt For:  Primary Genera  Other (specify) ▼	Aggregat	te Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle I Ralph W. Smithers, Jr. Mailing Address 6418 Sum			Date of Receipt  0 8  0 7  0 9
City	·		Transaction ID: SA11AI.11661
New Albany  FEC ID number of contributing federal political committee.	ОН	43054	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary Genera Other (specify) ▼			per pay
Full Name (Last, First, Middle I Ralph W. Smithers, Jr. Mailing Address 6418 Sum	nitial) mers Nook Drive		Date of Receipt
	HEIS MOOK DIIVE		08 21 2009
City	State	Zip Code	Transaction ID: SA11AI.11745
New Albany  FEC ID number of contributing federal political committee.	ОН	43054	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupati Assist.	V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary Genera  Other (specify) ▼		te Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page	ne (optional)		45.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 305 (check only one)    X
or for c	ormation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE (	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Ral <sub>l</sub>	Name (Last, First, Middle Initial) ph W. Smithers, Jr.		3.1.0	Date of Receipt
City		State	Zip Code	0 9 0 4 2 0 0 9  Transaction ID: SA11AI.11821
FE	w Albany  C ID number of contributing eral political committee.	OH C	43054	Amount of Each Receipt this Period  15.00
pan	ne of Employer torists Mutual Ins. Com- ly seipt For: Primary General Other (specify)	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
Ralı	Name (Last, First, Middle Initial) ph W. Smithers, Jr. ling Address 6418 Summers Nook [	Orive		Date of Receipt
City	1	State	Zip Code	0 9 1 8 2 0 0 9  Transaction ID: SA11AI.11912
<u>Ne</u>	w Albany	OH	43054	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		15.00
Mot pan		Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Rec	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	
	Name (Last, First, Middle Initial) ph W. Smithers, Jr.			Date of Receipt
Mai	ling Address 6418 Summers Nook [	Orive		10 02 7 7 9 9
City		State	Zip Code	Transaction ID: SA11AI.11992
FE	w Albany  C ID number of contributing eral political committee.	OH C	43054	Amount of Each Receipt this Period  15.00
Nar Mot pan	ne of Employer torists Mutual Ins. Com- Iy	Occupation Assist. V		Payroll deduction of \$15 per pay
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBT	OTAL of Receipts This Page (optional)			45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook		7:- O. d.	10 16 2009
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.12070  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40004	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction of \$15 per pay
	pany Receipt For: Primary General		e Year-to-Date ▼	1
	Other (specify)		313.00	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12146
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	. P.	per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		11 13 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.12229
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	. P.	per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 345.00	
Γ.	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.  Mailing Address 6418 Summers Nook  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	Drive  State Zip Code OH 43054  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.  Mailing Address 6418 Summers Nook  City  New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.  Mailing Address 6418 Summers Nook  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	Drive  State Zip Code OH 43054  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  390.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 305 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any perso the name and address of any political committee to E COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   350.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   375.00	Date of Receipt  M M Z 2 4 Z 0 0 9  Transaction ID: SA11AI.11587  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   400.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional	)	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 305 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may r name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CI	VIC FUND	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			08 / 21 / 2009
City <u>New Albany</u>	State OH	Zip Code 43054	Transaction ID: SA11AI.11746  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice	e President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			09 / 04 / Y Y Y Y Y Y Y
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.11822  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice	e President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			09 18 2009
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.11913  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13007	25.00
Name of Employer Motorists Mutual Insurance Company	_	e President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (optional)			75.00
TOTAL This Period (last page this line number of	only)	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to a COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   525.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date   550.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 247/305   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		•	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.12230  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vi	n ice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			11 25 2009
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.12306
FEC ID number of contributing federal political committee.	C	4004	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vi	n ice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
Mailing Address 6900 Kindler Drive			1 2 1 1 2 0 0 9
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.12385
FEC ID number of contributing federal political committee.	C	43034	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company		ice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	]
SUBTOTAL of Receipts This Page (optional	<b>I</b>		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 / 305 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles D. Stapleton  Mailing Address 6900 Kindler Drive  City New Albany  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  650.00	Date of Receipt  M M Z 23 Z 2009  Transaction ID: SA11AI.12459  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Tamera A. Stephens  Mailing Address 8816 Cooks Hill Roo  City Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739  C  Occupation Vice President  Aggregate Year-to-Date  350.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Tamera A. Stephens  Mailing Address 8816 Cooks Hill Roc  City Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company.  Receipt For: Primary General Other (specify)	State Zip Code OH 43739  C  Occupation Vice President  Aggregate Year-to-Date  375.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional	l)	75.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	38)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 249 / 305   (check only one)     X
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			
Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt
Mailing Address 8816 Cooks Hill	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Glenford	State OH	Zip Code 43739	Transaction ID: SA11AI.11663  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Tamera A. Stephens	I		Date of Receipt
Mailing Address 8816 Cooks Hill	Road		0 8 2 1 2 0 0 9
City Glenford	State OH	Zip Code 43739	Transaction ID: SA11AI.11747  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+5755	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt
Mailing Address 8816 Cooks Hill	Road		0 9 0 4 2 0 0 9
City	State OH	Zip Code	Transaction ID: SA11AI.11823
Glenford  FEC ID number of contributing federal political committee.	C	43739	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (opti-	anal\		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (Check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera A. Stephens  Mailing Address 8816 Cooks Hill Road  City Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Tamera A. Stephens  Mailing Address 8816 Cooks Hill Road  City Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739  C  Occupation Vice President  Aggregate Year-to-Date   500	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tamera A. Stephens  Mailing Address 8816 Cooks Hill Road  City Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of 1 Detailed Summary Pa	he (check only one)
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road  City	State Zip Code	10 30 2009 2009
	Glenford	OH 43739	Transaction ID: SA11AI.12148  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550	.00
	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		11 13 2009
	City	State Zip Code	Transaction ID: SA11AI.12231
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 575	0.00
_	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		1 1 2 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.12307
	Glenford FEC ID number of contributing	OH 43739	Amount of Each Receipt this Period  25.00
	Name of Employer	Occupation	Payroll deduction of \$25 per pay
	Motorists Mutuál Insurance Company Receipt For:	Vice President  Aggregate Year-to-Date ▼	μοι ραγ
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Γ,	SUBTOTAL of Receipts This Page (optional)	1	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 305 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
Mailing Address 8816 Cooks Hill Road		12 11 2009
City Glenford	State Zip Code OH 43739	Transaction ID: SA11AI.12386  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road	1	Date of Receipt
		12 23 2009
City Glenford	State Zip Code OH 43739	Transaction ID: SA11AI.12460  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 45/59	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Mr. Van Stewart	.1	Date of Receipt
Mailing Address 7703 Timber Ridge D	rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.11514
Powell  FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		65.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number	·	65.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	and Statements may not be sold or used by any persing the name and address of any political committee to NCE COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ric City Powell FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Insurance Compa	ge Drive  State Zip Code OH 43065  C  Occupation Assist. V. P., Life Underwriting	Date of Receipt  0 7 2 4 2 0 0 9  Transaction ID: SA11AI.11589  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Rid City	ge Drive State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Insurance Compa Receipt For: Primary General	OH 43065  C  Occupation Assist. V. P., Life Underwriting  Aggregate Year-to-Date   240.00	Transaction ID: SA11AI.11664  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Van Stewart  Mailing Address 7703 Timber Rid		Date of Receipt
City Powell  FEC ID number of contributing federal political committee.	State Zip Code OH 43065	Transaction ID: SA11AI.11748  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Life Insurance Compa Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assist. V. P., Life Underwriting  Aggregate Year-to-Date ▼  255.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (opti	onal)	45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	y of the
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE.	the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Van Stewart  Mailing Address 7703 Timber Ridge  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P., Life Underwind Aggregate Year-to-Date	Date of Receipt  M M M O D O 4 2009  Transaction ID: SA11AI.11824  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P., Life Underwind Aggregate Year-to-Date	Date of Receipt  M M M 2009  Transaction ID: SA11AI.11915  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Assist. V. P., Life Underwing Aggregate Year-to-Date	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional	l)	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 305 (check only one)    X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	)rive		10 16 2009
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12073  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V	n 7. P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:  Primary  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
_	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	rive		10 30 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.12149
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Life Insurance	Occupation Assist. V	n '. P., Life Underwriting	per pay
	Compa Receipt For: Primary General		e Year-to-Date ▼	7
	Other (specify)			_
	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	)rive		1 1 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.12232
	Powell FEC ID number of contributing	OH	43065	Amount of Each Receipt this Period
	federal political committee.	C		15.00
	Name of Employer Motorists Life Insurance Compa		V. P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	
	SUBTOTAL of Receipts This Page (optional)	1		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 305 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Van Stewart	OOM ANT	SIVIO I GIND	Date of Receipt
	Mailing Address 7703 Timber Ridge D	Prive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12308  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Life Insurance Compa Receipt For:  Primary General Other (specify) ▼		P., Life Underwriting Year-to-Date  360.00	Payroll deduction of \$15 per pay
	Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge D	Prive		Date of Receipt
	City	State	Zip Code	1 2 1 1 2 0 0 9  Transaction ID: SA11Al.12387
	Powell	ОН	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Life Insurance Compa	_, -	P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	rive		12 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12461  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Life Insurance Compa		P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
	SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43035  C Occupation Assist. V. P. Aggregate Year-to-Date  375.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 258 / 305 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		tip Code 43035 to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)		Zip Code 43035 tto-Date ▼ 450.00	Date of Receipt    M   M   O   O   A   Z   O   O   O
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)		tip Code 43035 to-Date ▼	Date of Receipt  M M M O 9 18 2009  Transaction ID: SA11AI.11916  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 259 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Mailing Address 2060 Maxwell Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.11996
FEC ID number of contributing federal political committee.	C	43033	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Mailing Address 2060 Maxwell Avenu	ie		10 16 2009
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.12074
FEC ID number of contributing federal political committee.	C	45055	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Mailing Address 2060 Maxwell Avenu	ie		10 30 2009
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.12150
FEC ID number of contributing federal political committee.	C	45055	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		75.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  575.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / 25 2009  Transaction ID: SA11AI.12309  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M 12 11 2009  Transaction ID: SA11AI.12388  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 2060 Maxwell Avenue  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date   650.00	Date of Receipt    M   M   23   2009   Transaction ID: SA11AI.12462   Amount of Each Receipt this Period   25.00   Payroll deduction of \$25   per pay
Full Name (Last, First, Middle Initial)  Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City  Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OH 43123  C Occupation Assistant VP Aggregate Year-to-Date  210.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C Occupation Assistant VP Aggregate Year-to-Date  225.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		55.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City  Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date  240.00	Date of Receipt  M M O 7 2009  Transaction ID: SA11AI.11666  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date  255.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C Occupation Assistant VP Aggregate Year-to-Date  270.00	Date of Receipt  M M O 9 O 4 2 0 0 9  Transaction ID: SA11AI.11826  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 263 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City  Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date  285.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M   M   D   D   2 0 0 9    Transaction ID: SA11Al.11997    Amount of Each Receipt this Period   15.00    Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date  315.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the (check only one)
A C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	COMPANT GIVICTOND	Patrick Provide
۱.	Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Grove City	State Zip Code OH 43123	Transaction ID: SA11AI.12151  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	330.00
 3.	Full Name (Last, First, Middle Initial)  Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Road		Date of Receipt
	City	State Zip Code	1 1 1 3 2 0 0 9  Transaction ID: SA11Al.12234
	Grove City  FEC ID number of contributing federal political committee.	OH 43123	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	345.00
_	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson		Date of Receipt
	Mailing Address 5444 Spring Hill Road		11
	City Grove City	State Zip Code OH 43123	Transaction ID: SA11Al.12310  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	360.00
	SUBTOTAL of Receipts This Page (optional)	1	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 265 / 305   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
Mailing Address 5444 Spring Hill Ro	oad		12 11 2009
City Grove City	State OH	Zip Code 43123	Transaction ID: SA11AI.12389  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
Mailing Address 5444 Spring Hill Ro	oad		12 23 2009
City Grove City	State OH	Zip Code 43123	Transaction ID: SA11AI.12463  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70120	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs			Date of Receipt
Mailing Address 1300 Scenic Hill Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DeWitt	State IA	Zip Code 52742	Transaction ID: SA11AI.12185  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	JETTE	125.00
Name of Employer Motorists Mutual Ins Co.	Occupation Director	1	Director retainer deduction of \$125 per qtr.
Receipt For:  Primary General  Other (specify) ▼	<del>'</del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	.1)		155.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 266 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 267 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date  425.00	Date of Receipt  M M M 21 2009  Transaction ID: SA11AI.11751  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date  450.00	Date of Receipt  M M M O 9 O 4 2 0 0 9  Transaction ID: SA11AI.11827  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C Occupation Vice President  Aggregate Year-to-Date  475.00	Date of Receipt    M   M   D   D   2 0 0 9
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date  525.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date   550.00	Date of Receipt  M M J 2009  Transaction ID: SA11AI.12152  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 305 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  A. Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd.		1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.12235  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd.		11 25 2009
City	State Zip Code	Transaction ID: SA11AI.12311
Hilliard  FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12390
Hilliard  FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run Blvd.  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Z D D 9  Transaction ID: SA11AI.11518  Amount of Each Receipt this Period  20.00  Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Vice President  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance	State OH C		Date of Receipt    M M
Company Receipt For:  Primary General  Other (specify) ▼	Vice Pres Aggregate	Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.			Date of Receipt  0 8 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.11752
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00  Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	Occupation Vice Pres Aggregate	ident Year-to-Date ▼	per pay
Other (specify)  Full Name (Last, First, Middle Initial)		340.00	
Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.			Date of Receipt  0 9 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.11828
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00  Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice Pres Aggregate		per pay
SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.	State Zip Code OH 43235	Date of Receipt    M   M   D   D   Z   Y   Y   Y   Y   Y   Y   Y   Y   Y
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  380.00	per pay
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.11999
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00  Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   400.00	per pay
Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
Mailing Address 7105 Lakebrook Blvd.		10 16 2009
City Columbus	State Zip Code OH 43235	Transaction ID: SA11AI.12077
FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  420.00	Payroll deduction of \$20 per pay
SUBTOTAL of Receipts This Page (optional)	1	60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 273 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	State Zip Code OH 43235  C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Z D O 9  Transaction ID: SA11AI.12153  Amount of Each Receipt this Period  20.00  Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.  City Columbus FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance	State Zip Code OH 43235  C Occupation Vice President	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Company Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company	Aggregate Year-to-Date   460.00  State Zip Code OH 43235  C  Occupation Vice President	Date of Receipt    M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 274 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Vice President  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Vice President  Aggregate Year-to-Date   520.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Robert L. Western  Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State Zip Code WI 53081  C  Occupation President  Aggregate Year-to-Date ▼  560.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)	·	80.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 275 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State WI  C  Occupation President	Zip Code 53081	Date of Receipt    M   M   24   2009   Transaction ID: SA11AI.11538   Amount of Each Receipt this Period   40.00   Payroll deduction of \$40   per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. Western  Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State WI  C  Occupation President  Aggregate		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State WI  C  Occupation President		Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 276 / 305 (check only one)    X
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Robert L. Western		Date of Receipt
Mailing Address 5203 South 8th Stree		09 04 2009
City <u>Sheboyga</u> n	State Zip Code WI 53081	Transaction ID: SA11AI.11773  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial)  Mr. Robert L. Western		Date of Receipt
Mailing Address 5203 South 8th Stree	pt	09 18 2009
City	State Zip Code	Transaction ID: SA11AI.11863
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00  Payroll deduction of \$40
Name of Employer Wilson Mutual Ins. Company	Occupation President	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
Full Name (Last, First, Middle Initial)  Mr. Robert L. Western		Date of Receipt
Mailing Address 5203 South 8th Stree	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11944
Sheboygan  FEC ID number of contributing federal political committee.	WI 53081	Amount of Each Receipt this Period 40.00
Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	120.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	4 l ll - / - \	FOR LINE NUMBER: PAGE 277 / 305 check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (		used by any person fo litical committee to sol	or the purpose of soliciting contributions icit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. Western  Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State Zip Code WI 53081  C Occupation President Aggregate Year-to-Date	840.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. Western  Mailing Address 5203 South 8th Street  City  Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For:  Primary General Other (specify)	State Zip Code WI 53081  C Occupation President Aggregate Year-to-Date	▼ 880.00	Date of Receipt  M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Company  Receipt For: Primary General Other (specify)	State Zip Code WI 53081  C  Occupation President  Aggregate Year-to-Date	920.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 278 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street  City Sheboygan  FEC ID number of contributing federal political committee.		Zip Code 53081	Date of Receipt  1 1 2 5 2 0 0 9  Transaction ID: SA11AI.12257  Amount of Each Receipt this Period  40.00
	Name of Employer Wilson Mutual Ins. Company  Receipt For:  Primary  General  Other (specify) ▼	Occupation Presiden Aggregate		Payroll deduction of \$40 per pay
	Full Name (Last, First, Middle Initial) Mr. Robert L. Western  Mailing Address 5203 South 8th Street			Date of Receipt  1 2 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.12335
	Sheboygan  FEC ID number of contributing federal political committee.	C	53081	Amount of Each Receipt this Period 40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation Presiden		Payroll deduction of \$40 per pay
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt
	Mailing Address 5203 South 8th Street			12 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.12409
	Sheboygan  FEC ID number of contributing federal political committee.	C	53081	Amount of Each Receipt this Period 40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation Presiden		Payroll deduction of \$40 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 / 305 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive	7.0.1	07 10 2009
City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.11458  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel	1	Date of Receipt
Mailing Address 4918 Norfolk Drive		07 24 YYYY
City	State Zip Code	Transaction ID: SA11Al.11532
Bettendorf  FEC ID number of contributing federal political committee.	IA 52722	Amount of Each Receipt this Period  15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel	I	Date of Receipt
Mailing Address 4918 Norfolk Drive		08 07 2009
City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.11606  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel  Mailing Address 4918 Norfolk Drive  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52722  C Occupation V. P. Claims Aggregate Year-to-Date  255.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel  Mailing Address 4918 Norfolk Drive  City  Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	State Zip Code IA 52722  C Occupation V. P. Claims Aggregate Year-to-Date  270.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel  Mailing Address 4918 Norfolk Drive  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52722  C Occupation V. P. Claims Aggregate Year-to-Date  285.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	•	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 / 305 (check only one)    X
or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Edward Wetzel  Mailing Address (1040 No. 14 P. 17)		Date of Receipt
Mailing Address 4918 Norfolk Drive  City	State Zip Code	1 0 0 2 2 0 0 9  Transaction ID: SA11AI.11938
Bettendorf	IA 52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive		10 16 2009
City	State Zip Code	Transaction ID: SA11AI.12017
Bettendorf	IA 52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00  Payroll deduction of \$15
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel	I	Date of Receipt
Mailing Address 4918 Norfolk Drive		10 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12093
Bettendorf	IA 52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional) .		45.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 282 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel			Date of Receipt
Mailing Address 4918 Norfolk Drive			1 1 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.12173
Bettendorf  FEC ID number of contributing federal political committee.	C	52722	Amount of Each Receipt this Period  15.00
Name of Employer lowa Mutual ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel	<b> </b>		Date of Receipt
Mailing Address 4918 Norfolk Drive			1 1 2 5 2 0 0 9
City Bettendorf	State IA	Zip Code 52722	Transaction ID: SA11AI.12251
FEC ID number of contributing federal political committee.	C	JETEE	Amount of Each Receipt this Period 15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel			Date of Receipt
Mailing Address 4918 Norfolk Drive			1 2 1 1 2 0 0 9
City Bettendorf	State	Zip Code	Transaction ID: SA11AI.12329
FEC ID number of contributing federal political committee.	C	52722	Amount of Each Receipt this Period  15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 283 / 305 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person ename and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel  Mailing Address 4918 Norfolk Drive  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52722  C Occupation V. P. Claims  Aggregate Year-to-Date  390.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	W.  State Zip Code OH 43082  C  Occupation Senior Vice President  Aggregate Year-to-Date  420.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	W.  State Zip Code OH 43082  C  Occupation Senior Vice President  Aggregate Year-to-Date  450.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	75.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 284 / 305   (check only one)
Any information copied from or for commercial purposes.	such Reports and Statements ma other than using the name and ac	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE			
Full Name (Last, First, M Charles A. Wickert	iddle Initial)		Date of Receipt
Mailing Address 5519	Medallion Drive W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.11669  Amount of Each Receipt this Period
FEC ID number of contril federal political committee	outing	10002	30.00
Name of Employer Motorists Mutual Insuran Company	ce Occupation Senior V	on /ice President	Payroll deduction of \$30 per pay
Receipt For:	Aggregat	e Year-to-Date ▼ 480.00	
Full Name (Last, First, M Charles A. Wickert	iddle Initial)		Date of Receipt
Mailing Address 5519	Medallion Drive W.		08 21 2009
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.11753  Amount of Each Receipt this Period
FEC ID number of contril federal political committee	outing	1 1 1 1 1	30.00
Name of Employer Motorists Mutual Insuran Company	ce Occupation Senior V	on /ice President	Payroll deduction of \$30 per pay
Receipt For:	Aggregat	e Year-to-Date ▼ 510.00	
Full Name (Last, First, M Charles A. Wickert	iddle Initial)		Date of Receipt
Mailing Address 5519	Medallion Drive W.		0 9 0 4 2 0 0 9
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.11829
FEC ID number of contril federal political committee	outing	43002	Amount of Each Receipt this Period  30.00
Name of Employer Motorists Mutual Insuran Company	Seriior v	/ice President	Payroll deduction of \$30 per pay
Receipt For:  Primary  Other (specify) ▼	Aggregat General	e Year-to-Date ▼ 540.00	
SURTOTAL of Receipts Th	nis Page (optional)		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 / 305 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company	State Zip Code OH 43082  C Occupation Senior Vice President	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive	W.	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12000
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	Occupation Senior Vice President  Aggregate Year-to-Date ▼	per pay
Other (specify) ▼  Full Name (Last, First, Middle Initial)	600.00	
Charles A. Wickert  Mailing Address 5519 Medallion Drive	W.	Date of Receipt  1 0 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.12078
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00  Payroll deduction of \$30
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date  630.00	per pay
SUBTOTAL of Receipts This Page (optional) .		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 286 / 305 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	W.  State Zip Code OH 43082  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  660.00	Date of Receipt    M   M   D   D   2009
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles A. Wickert  Mailing Address 5519 Medallion Drive  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	W.  State Zip Code OH 43082  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  720.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		90.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 287 / 305 (check only one)    X
or for comn	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) PRISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nan	ne (Last, First, Middle Initial) A. Wickert			Date of Receipt
	Address 5519 Medallion Drive	W.		12 11 2009
City <u>Weste</u>	rville	State OH	Zip Code 43082	Transaction ID: SA11AI.12392  Amount of Each Receipt this Period
	number of contributing political committee.	C		30.00
Compar Receipt Pr			on fice President e Year-to-Date ▼ 750.00	Payroll deduction of \$30 per pay
_ Charles	ne (Last, First, Middle Initial) A. Wickert Address 5519 Medallion Drive	\/\		Date of Receipt
	Address 5519 Medaillon Drive			12 23 2009
City		State	Zip Code	Transaction ID: SA11AI.12466
	number of contributing political committee.	C	43082	Amount of Each Receipt this Period  30.00
Motorist <u>Compar</u>		_	ice President	Payroll deduction of \$30 per pay
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00	
	ne (Last, First, Middle Initial) A. Williams			Date of Receipt
Mailing	Address 14924 S. R. 35, E.			07 10 2009
City		State	Zip Code	Transaction ID: SA11AI.11520
Sunbu FEC ID	number of contributing	OH	43074	Amount of Each Receipt this Period
	political committee.	C		15.00 Payroll deduction of \$15
Motorist <u>pany</u>	f Employer is Mutual Ins. Com-	Occupation Assist. V		per pay
Receipt Pr	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
SUBTOTA	<b>AL</b> of Receipts This Page (optional) .			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 288 / 305 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  225.00	Date of Receipt    M M M   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  240.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  255.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 289 / 305 (check only one)    X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
<u></u>	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.11830
	Sunbury	OH	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		270.00	
	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.11921
	Sunbury	OH	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		per pay
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		285.00	
	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			10 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.12001
	Sunbury	ОН	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		300.00	
_	SUBTOTAL of Receipts This Page (optional)	I		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 290 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  315.00	Date of Receipt  M M J D D J 2009  Transaction ID: SA11AI.12079  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  330.00	Date of Receipt  M M M J D D J 2009  Transaction ID: SA11AI.12155  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  345.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 291 / 305 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  360.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Charles A. Williams  Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  375.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.  City Sunbury  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43074  C  Occupation Assist. V. P.  Aggregate Year-to-Date  390.00	Date of Receipt    M   M   Z   Z   Z   Z   Z   D   D
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 292 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		· ·	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11521  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman	1		Date of Receipt
Mailing Address 90 Timberknoll Loop	)		0 7 2 4 2 0 0 9
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11596  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 525.00	]
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop	)		0 8 0 7 2 0 0 9
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11671  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure	r	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional	\		105.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 293 / 305   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop	)		08 21 YYYYY 08 21 2009
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11755  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop	)		0 9 0 4 2 0 0 9
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11831  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1,000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop	)		0 9 1 8 2 0 0 9
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.11922  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure	r	Payroll deduction of \$35 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 665.00	]
SUBTOTAL of Receipts This Page (optional	<u> </u>		105.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 294 / 305   (check only one)     X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loc	рр		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12002  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loc	pp		10 16 2009
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12080  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 735.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loc	рр		10 30 2009
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasure	r	Payroll deduction of \$35 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	]
SUBTOTAL of Receipts This Page (option:			105.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(Crieck only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael L. Wiseman  Mailing Address 90 Timberknoll Loop  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Treasurer  Aggregate Year-to-Date  805.00	Date of Receipt  M M M / D D / Y Y Y O D 9  Transaction ID: SA11AI.12239  Amount of Each Receipt this Period  35.00  Payroll deduction of \$35 per pay
Full Name (Last, First, Middle Initial) Michael L. Wiseman  Mailing Address 90 Timberknoll Loop  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Treasurer  Aggregate Year-to-Date  840.06	Date of Receipt  M M M / 25 / 2009  Transaction ID: SA11AI.12315  Amount of Each Receipt this Period  35.00  Payroll deduction of \$35 per pay
Full Name (Last, First, Middle Initial) Michael L. Wiseman  Mailing Address 90 Timberknoll Loop  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 296 / 305							
ITEMIZED RECEIPTS		(check only one)  X 11a 11b 11c 12  13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND								
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt							
Mailing Address 90 Timberknoll Loop	)		12 23 7 2009							
City	State	Zip Code	Transaction ID: SA11AI.12468							
Powell	OH	43065	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		35.00							
Name of Employer Motorists Mutual Insurance Company	Occupatio Treasure		Payroll deduction of \$35 per pay							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 910.00								

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	35.00
TOTAL This Period (last page this line number only)	<b>•</b>	19828.80

ITELIJED BIGBLIEGELIELI	Use separate schedule(s)	FOR LINE NUMBER:   PAGE 297/305   (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 2 27 28a 28b 28c 29 3
	name and address of any political cor	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) Fisher for Ohio  Mailing Address PO Box 1418		Transaction ID: SB23.11846 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus Purpose of Disbursement Political Contribution Candidate Name	State Zip Code OH 43216	Amount of Each Disbursement this Period  1000.00  011  Category/
Fisher for Ohio  Office Sought: House Senate President  State: OH District:	ursement For: 2009 Primary X General Other (specify)	Туре
Full Name (Last, First, Middle Initial)  Jordan for Congress  Mailing Address 2160 Kettering Towe		Transaction ID: SB23.11762 Date of Disbursement  M M M / D D D / Y Y Y O Y Y Y Y O Y O Y O Y O O O O O
City Dayton  Purpose of Disbursement Political Contribution  Candidate Name Jordan for Congress  Office Sought: House X Senate	State Zip Code OH 45423  Cursement For: 2009 Primary X General	Amount of Each Disbursement this Period  4000.00  O11 Category/ Type
State: OH District: 01  Full Name (Last, First, Middle Initial)	Other (specify) ▼	Transaction ID: SB23.12319
Steve Austria for Congress  Mailing Address 20 S. Limestone St. Room 390		Date of Disbursement  M M M / D D D / Y Y Y O O 9
City Springfield Purpose of Disbursement Political Contribution Candidate Name	State Zip Code OH 45502	Amount of Each Disbursement this Period  500.00  Online Category/
Office Sought:  X House Senate President State: OH District: 07	ursement For: 2010  X Primary General Other (specify)	Type
SUBTOTAL of Disbursements This Page (option		5500.00

remized disbursements  ny Information copied from such Reports and Start for commercial purposes, other than using the n	Detailed	category of the Summary Page		, ci	heck oi 21b	y C	22		00		_	_	
				$\vdash$	27		28a	X	23 28b		4 8c	25 29	$\frac{2}{3}$
					persor		the pu		e of so	olicitino	g cont	ributions	
NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	OMPANY CI	VIC FUND											
Full Name (Last, First, Middle Initial) Steve Stivers for U S Congress  Mailing Address 372 West 2nd Avenue	9						Trans Date of		sburse	ement		930 2 0 0 9	) <sup>Y</sup>
City Columbus	State OH	Zip Code 43201					Amou	nt of	Each	Disbu	rseme	ent this F	Period
Purpose of Disbursement Political Contribution	OH	43201		01	1						1	000.00	)
Candidate Name Steve Stivers for U S Congress  Office Sought: X House Disbu	ursement For:	2009		atec Typ	gory/ e								
Senate President	Primary Other (spe	X General											
State: OH District: 15  Full Name (Last, First, Middle Initial)  Stivers for Congress							Trans Date of		on ID:	_	23.12	2244	
Mailing Address 211 S. Fifth St.						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				) Y			
City Columbus	State OH	Zip Code 43215					Amou	nt of	Each	Disbu		ent this F	
Purpose of Disbursement Political Contribution Candidate Name				01	1 gory/						1	000.00	
Stivers for Congress				Тур									
Office Sought: House Disbuter Senate President State: District:	ursement For: Primary Other (spe	2009 X General ecify) ▼											
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS								of Di	sburse	ement	23.11	760	
Mailing Address 2931 E Dublin Granvi Suite 190	lle Road						8 <sup>M</sup> 0	M /	<sup>D</sup> 3	1 /	Y	ž 0 ŏ 9	) <sup>Y</sup>
City Columbus	State OH	Zip Code 43231					Amou	nt of	Each	Disbu	-	ent this F	-
Purpose of Disbursement Political Contribution Candidate Name				01	1 gory/						. 1	00.00	
TIBERI FOR CONGRESS	wo om tot Francisco	0000		Тур									
Office Sought:  X House Senate President State: OH District: 12	ursement For: Primary Other (spe	2009 X General ecify) ▼											
SUBTOTAL of Disbursements This Page (option	nal)				<b>•</b>			•			3(	00.00	•
FOTAL This Period (last page this line number o					•							3X) (Re	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 299 / 305
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  21b 22 X 23 27 28a 28b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,		<u> </u>
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND		
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS		Date of Disbur	D / Y Y Y Y
Mailing Address 2931 E Dublin Granville I Suite 190	Road	0 8	31 2009
7	State Zip Code OH 43231	Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Political Contribution		011	1000.00
Candidate Name TIBERI FOR CONGRESS		Category/ Type	
Senate President	ment For: 2009 Primary X General Other (specify)		
State: OH District: 12			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b></b>	9500.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee  Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee  Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND  Full Name (Last, First, Middle Initial)  Batchelder for Representative Committee  Mailing Address 105 West Liberty Street  City State Zip Code OH 44256  Purpose of Disbursement Political Contribution  Candidate Name Batchelder for Representative Committee  Office Sought: X House Senate President  State: OH District: 69  Full Name (Last, First, Middle Initial)  Citizens for Buehrer  Mailing Address 319 East Elm Street  Transaction ID: SB29.11838  Date of Disbursement this Period State of Disbursement  Transaction ID: SB29.11838  Date of Disbursement  Transaction ID: SB29.11838  Date of Disbursement  Other (specify)   Transaction ID: SB29.11838		Use separate schedule(	(check onl	(v one)
NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND  Full Name (Last, First, Middle Initial) Batchelder for Representative Committee  Mailing Address 105 West Liberty Street  City Medina OH 44256  Full Name (Last, First, Middle Initial) Batchelder for Representative Committee  City Senate President  City Senate President City Senate President City Senate President City Senate President Citices Sought:  X House Cardidate Name Citices for Buehrer  Office Sought:  X House City Persident City Senate President Citices for Fere's Buehrer  Office Sought:  X House President City Senate President City General Citices for Fere's Buehrer  Office Sought:  X House President City General Citices for Fere's Buehrer  Office Sought:  X House President City General City General City State Zip Code OH 43267  Purpose of Disbursement President Cardidate Name Citices for Fere's Buehrer  Office Sought:  X House President City General City Code OH 43231  Purpose of Disbursement Office Sought:  X House President City Code City State Zip Code OH 43231  Amount of Each Disbursement this Peri City General City Code City State Zip Code City General City Code City State Zip Code City General City Code City State Zip Code City General City Code City State Zip Code City General City Code City Code Coundbus OH 43231  Amount of Each Disbursement this Peri Category/ Type  Amount of Each Disbursement this Peri Category/ Type  Office Sought: X House President Category/ City Code Columbus OH 43231  Amount of Each Disbursement this Peri Category/ Type  Office Sought: X House President Category/ City Code Columbus OH 43231  Amount of Each Disbursement this Peri Category/ Type  Office Sought: X House President Category/ City Code Columbus Office Sought: X House President Category/ City Code Columbus Office Sought: X House President Category/ Columbus Office Sought: X House President Category/ Columbus Office Sought: X House President Category/ Columbus Office Sought: X House President Category/ Colum		Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND  Full Name (Last, First, Middle Initial) Batchelder for Representative Committee  Mailing Address 105 West Liberty Street  City Modina  OH 44256  Purpose of Disbursement Political Contribution Candidate Name Batchelder for Representative Committee  Disbursement For: 2010  X Primary General President  Citizens for Buehrer  Mailing Address 319 East Elm Street  City Wauseon  Office Sought: House Versident State: OH District: 01  City Batte Senate President State: OH District: 01  City City City City City City City Cit	r for commercial purposes, other than u			
Batchelder for Representative Committee  Mailing Address 105 West Liberty Street  City State Zip Code Medina OH 44256  Purpose of Disbursement Political Contribution  Candidate Name Batchelder for Representative Committee  Office Sought: X House Senate President State: OH District: 69  Full Name (Last, First, Middle Initial)  Citizens for Buehrer  City State Zip Code OH 43567  Purpose of Disbursement Political Contribution  Candidate Name  Citizens for Buehrer  Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code OH 43231  City Senate President Other (specify) ▼  City Senate President  City State Zip Code OH 43231  City Other (specify) ▼  City Columbus OH 43231  City Columbus OH 43231  City State Zip Code OH 43231  City Senate President  City Senate P	MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND		
City State Committee  OH 44256  Purpose of Disbursement Political Contribution  Candidate Name Batchelder for Representative Committee  Office Sought: X Primary General President State: OH District: 69  Full Name (Last, First, Middle Initial) Citizens for Buehrer  Office Sought: X Senate President State: OH District: 69  Full Name (Last, First, Middle Initial) Citizens for Buehrer  Office Sought: X Senate President State: OH District: 01  Candidate Name Citizens for Buehrer  Office Sought: X Senate President State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address  Sa25 Ponderosa Drive  City State Zip Code OH 43231  Other (specify) ▼  Transaction ID: SB29.11838 Date of Disbursement Disbursement District: 01  Transaction ID: SB29.11838 Date of Disbursement Initial Periode Disbursement District: 01  Transaction ID: SB29.11926 Date of Disbursement Initial Disbursement District: 01  Transaction ID: SB29.11926 Date of Disbursement Initial Disbursement District: 01  Transaction ID: SB29.11926 Date of Disbursement Initial Disbursement District: 01  Transaction ID: SB29.11926 Date of Disbursement District: 01  Transaction ID: SB29.11926 Date of Disbursement Initial D	, , , , ,	Committee		Date of Disbursement
Medina     OH 44256  Purpose of Disbursement Political Contribution Cardidate Name Batchelder for Representative Committee  Office Sought:	Mailing Address 105 West Lib	erty Street		12 14 2009
Political Contribution Candidate Name Batchelder for Representative Committee  Office Sought:				Amount of Each Disbursement this Perio
Batchelder for Representative Committee  Office Sought:	Political Contribution			500.00
Senate President State: OH District: 69  Full Name (Last, First, Middle Initial) Citizens for Buehrer  Mailing Address 319 East Elm Street  City Wauseon OH 43567  Purpose of Disbursement Political Contribution Candidate Name Clast, First, Middle Initial) Citizens for Kevin Bacon  City State Zip Code OH 43567  Purpose of Disbursement Point Category' Type  City Senate President Other (specify) ▼  City State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  City State Zip Code Other (specify) ▼  Category' Type  City Columbus OH 43231  Purpose of Disbursement Point Category' Type  City State Zip Code OH 43231  Columbus OH 43231  Purpose of Disbursement Por: 2009 City State Zip Code OH 43231  Columbus OH 43231  Col	Batchelder for Representative (		, ,	
Full Name (Last, First, Middle Initial) Citizens for Buehrer  Mailing Address 319 East Elm Street  City State Zip Code Wauseon OH 43567  Purpose of Disbursement Political Contribution Candidate Name Citizens for Buehrer  Office Sought: House Primary X General Primary X General Primary National President State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought: State Zip Code OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought: Y House Senate Primary X General	Senate President	X Primary Genera	I	
Citizens for Buehrer  Mailing Address 319 East Elm Street  City State Zip Code Wauseon OH 43567  Purpose of Disbursement Political Contribution Candidate Name Citizens for Buehrer  Office Sought: House Primary X General Primary X General Primary National President State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code OH 43231  Purpose of Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Office Sought: State Zip Code OH 43231  Purpose of Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General Other (specify) ▼  Date of Disbursement this Period Primary X General Other (specify) ▼  Amount of Each Disbursement this Period Primary X General Other (specify) ▼  Amount of Each Disbursement this Period Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼				
City Wauseon  City Wauseon  Purpose of Disbursement Political Contribution  Candidate Name Citizens for Buehrer  Office Sought:  House President State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address  5325 Ponderosa Drive  City Columbus  Other (specify)  Other (specify)  Category/ Type  Transaction ID: SB29.11926 Date of Disbursement  Major M M				Date of Disbursement
Wauseon OH 43567  Purpose of Disbursement Political Contribution Candidate Name Citizens for Buehrer  Office Sought: House X Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code Columbus OH 43231  Purpose of Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement this Period Category/Type  Office Sought: X House Primary X General Other (specify) ▼  Other (specify) ▼	Mailing Address 319 East Elm	Street		09 11 1 2 0 0 9
Political Contribution Candidate Name Citizens for Buehrer  Office Sought: House X Senate Primary X General Other (specify) ▼  State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code Columbus OH 43231  Purpose of Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Office Sought: X House Other (specify) ▼  Amount of Each Disbursement Type  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼  Office Sought: X House Primary X General Other (specify) ▼  Other (specify) ▼	•			Amount of Each Disbursement this Period
Citizens for Buehrer  Office Sought: House X Senate Primary X General Other (specify) ▼  State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City Columbus OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement this Period Category/Type  City Category/Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼	Political Contribution		011	300.00
X Senate President State: OH District: 01  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City Columbus Purpose of Disbursement Pulitical Contributions Candidate Name Citizens for Kevin Bacon  Office Sought:  X Senate Primary  X General Other (specify)  Transaction ID: SB29.11926 Date of Disbursement  Date of Disbu			, ,	
Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 5325 Ponderosa Drive  City State Zip Code Columbus OH 43231  Purpose of Disbursement Political Contributions Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General Other (specify)  Other (specify)  Other (specify)  Transaction ID: SB29.11926  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  Other (specify)	X Senate President	Primary X Genera	ı	
Mailing Address 5325 Ponderosa Drive  City State Zip Code Columbus OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General Other (specify) ▼  Disbursement For: 2009  President Other (specify) ▼	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.11926
City State Zip Code Columbus OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought: X House Senate Primary X General President  Other (specify)   Other (specify)				
Columbus OH 43231  Purpose of Disbursement Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought:  X House Senate Primary President  Other (specify)  Other (specify)   OH 43231  Disbursement  Category/ Type  Category/ Type				
Political Contributions  Candidate Name Citizens for Kevin Bacon  Office Sought:  X House Senate Primary Political Contributions  Other (specify)  Other (specify)	Columbus			
Citizens for Kevin Bacon  Office Sought:  X House Senate Primary President  Other (specify)  Type  Type  Type	Political Contributions			300.00
Senate Primary X General President Other (specify) ▼	Citizens for Kevin Bacon			
State: OH District: 21	Senate President	Primary X Genera	I	
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	EMIZED DISBURSE		Detailed	category of the Summary Page		21b 27	22 23 28a 28b	24 25 28c X 29
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_	Full Name (Last, First, Middle						Transaction ID:	
	Citizens for Kevin Bacon  Mailing Address 5325 Po	onderosa Drive	e				Date of Disburse	
	City Columbus		State OH	Zip Code 43231			Amount of Each	Disbursement this Perio
	Purpose of Disbursement Political Contribution Candidate Name					011 tegory/	L	1000.00
	Citizens for Kevin Bacon  Office Sought: X House Senate Preside  State: OH District: 2	ent	ursement For: Primary Other (spe	2009 X General ecify) <b>V</b>		ype		
	Full Name (Last, First, Middle Citizens for Kevin Bacon	· 					Transaction ID: Date of Disburse	ment
		onderosa Drive		7: 0 1				
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	Office Sought:  X House Senate Preside State: OH District: 2	ent	ursement For: Primary Other (sp	2009 X General ecify)	<u>'</u>	урс		
	Full Name (Last, First, Middle Citizens for Mary Taylor	Initial)					Transaction ID: Date of Disburse	ment
	Mailing Address 3788 Pa	ark Ridge Driv	е				12 / D	4 2009
	City Uniontown		State OH	Zip Code 44685			Amount of Each	Disbursement this Perio
	Purpose of Disbursement Political Contribution Candidate Name					011 tegory/		1000.00
	Citizens for Mary Taylor  Office Sought: House Senate		ursement For:  X Primary Other (sp	2010 General	т	уре		
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ITEMIZED DISBURSEMENTS	The first current	/ (check online)	V ODE)
	for each category of the Detailed Summary Page	21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30
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Full Name (Last, First, Middle Initial) Coleman for Columbus  Mailing Address P O Box 1596			Transaction ID: SB29.11837 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus Purpose of Disbursement	State Zip Code OH 43216		Amount of Each Disbursement this Period 500.00
Political Contribution  Candidate Name Coleman for Columbus  Office Sought: House Disbut	sement For: 2009	O11 Category/ Type	
Senate President State: OH District:	Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Friends of Faber  Mailing Address 7706 State Route 703			Transaction ID: SB29.12088 Date of Disbursement
City Celina Purpose of Disbursement	State Zip Code OH 45822		Amount of Each Disbursement this Period 500.00
Political Contribution  Candidate Name  Friends of Faber		011 Category/ Type	
Office Sought:    House   Disbute	sement For: 2009 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Friends of Heard			Transaction ID: SB29.12164 Date of Disbursement
Mailing Address 87 S. Hampton Rd.			10
City Columbus	State Zip Code OH 43213		Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution Candidate Name		011	500.00
Friends of Heard	sement For: 2009	Category/ Type	
State: OH District: 26	Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional	l)	<u></u>	1500.00
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	Full Name (Last, Friends of Kris	First, Middle Initial) Jordan									<b>D:</b> SB2	29.1200	9	
	Mailing Address	161 Stonebend	Drive						0 <sup>M</sup> 9	1 / 0	29 <sup>D</sup>	y ž	) Ŏ 9	Y
	City Powell			State OH	Zip Code 43065			<i>A</i>	Amour	t of Ead	ch Disbu	rsement t		erio
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	Candidate Name Friends of Kris		1				egory/ ype							
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	State: OH Full Name (Last.	District: First, Middle Initial)						<b>-</b>	ronor	otion II	n. CD	29.1201	1	
	Friends of Sha									Disbur	sement			V
	Mailing Address	800 Valley View	v Point						0 9		29	20	) Ď 9	
	City Springboro			State OH	Zip Code 45066			A	Amour	t of Ead	ch Disbu	rsement t	his Pe	erio
	Purpose of Disbu Political Contribu					(	)11					350	0.00	
	Candidate Name Friends of Sha						egory/ ype							
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	State: OH Full Name (Last, Husted for Oh	District: 07 First, Middle Initial)									D: SB2	29.1216	8	
	Mailing Address	148 Sherbrook	e Drive						1 0 N	/ [	28 <sup>D</sup>	y y o	) 0 9 °	Y
	City Kettering			State OH	Zip Code 45429			<i>A</i>	Amour	it of Ead	ch Disbu	rsement t	his Pe	erio
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	Candidate Name Husted for Oh						egory/ ype							
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	State: OH	District: 37												_
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 23 24 25 2 28a 28b 28c X 29
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	Full Name (Last, First, Middle Initial) Kasich for Ohio Mailing Address 14 E. Gay Street				Transaction ID: SB29.11844  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2nd Floor City Columbus	State Zip Code OH 43209			Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions Candidate Name Kasich for Ohio		Cate	11 egory/	1000.00
		sement For: 2009 Primary X General Other (specify)	-	уре	
	Full Name (Last, First, Middle Initial) Mike DeWine for Ohio				Transaction ID: SB29.11678 Date of Disbursement
	Mailing Address 2587 Conley Rd.				08 / 19 / 2009
	City Cedarville	State Zip Code OH 45314			Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution Candidate Name Mike DeWine for Ohio		Cate	11 egory/	5000.00
	Office Sought: House Disbur	sement For: 2009			
	Senate President	Primary X General Other (specify) ▼	1		
	Senate	_ '			Transaction ID: SB29.12167 Date of Disbursement
	Senate President District:  Full Name (Last, First, Middle Initial) OIIPAC  Mailing Address 172 East State Street	_ '	·		
	Senate President State: District: Full Name (Last, First, Middle Initial) OIIPAC	_ '			Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President District:  Full Name (Last, First, Middle Initial) OIIPAC  Mailing Address 172 East State Street P. O. Box 816  City Columbus  Purpose of Disbursement Political Contribution	Other (specify) ▼  State Zip Code	0	11	Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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5	Full Name (Last, Fi Strickland for Go Mailing Address	,								action II of Disbur	_	ent		39 0 ŏ 9	Y		
F F	City Columbus Purpose of Disburs Political Contributio	sement	_	State OH	Zip Code 43215	0-	11		Amou	nt of Eac	h Dis	sburser		this P	erio	d	
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SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1000.00
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