

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST  
 Check if different than previously reported. (ACC)  
COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** C00336834  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael L. Wiseman  
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 01 27 2010

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 Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		17121.68
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	23123.48									
(c) Total Receipts (from Line 19) .....	20899.80	41479.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44023.28	58601.28								
7. Total Disbursements (from Line 31) .....	30080.00	44658.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13943.28	13943.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	20899.80	41479.60
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	20899.80	41479.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20899.80	41479.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating 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 Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	16000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	20550.00	28600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30080.00	44658.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30080.00	44658.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
 Mailing Address 5658 Tynecastle Loop  
 City State Zip Code  
Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt 07 / 10 / 2009  
**Transaction ID:** SA11AI.11468  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
 Mailing Address 5658 Tynecastle Loop  
 City State Zip Code  
Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00  
 Date of Receipt 07 / 24 / 2009  
**Transaction ID:** SA11AI.11542  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
 Mailing Address 5658 Tynecastle Loop  
 City State Zip Code  
Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00  
 Date of Receipt 08 / 07 / 2009  
**Transaction ID:** SA11AI.11616  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**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 7 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
Mailing Address 5658 Tynecastle Loop  
City Dublin State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 08 / 21 / 2009  
Transaction ID: SA11AI.11700  
Amount of Each Receipt this Period 30.00  
Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
Mailing Address 5658 Tynecastle Loop  
City Dublin State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00  
Date of Receipt 09 / 04 / 2009  
Transaction ID: SA11AI.11777  
Amount of Each Receipt this Period 30.00  
Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Michael J. Agan  
Mailing Address 5658 Tynecastle Loop  
City Dublin State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00  
Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.11867  
Amount of Each Receipt this Period 30.00  
Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00  
**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 8 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11948

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12027

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12103

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 9 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. VP Life Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12186

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. VP Life Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12262

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. VP Life Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12340

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

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

90.00

**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 10 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12415

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**B.**

Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11469

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**C.**

Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11543

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **190.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11617

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**B.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11701

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**C.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID:** SA11AI.11778

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

**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 12 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11AI.11868  
Amount of Each Receipt this Period: 80.00  
Payroll deduction of \$80 per pay

**B.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.11950  
Amount of Each Receipt this Period: 80.00  
Payroll deduction of \$80 per pay

**C.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: SA11AI.12029  
Amount of Each Receipt this Period: 80.00  
Payroll deduction of \$80 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

**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 13 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt 10 / 30 / 2009

**Transaction ID:** SA11AI.12105

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**B.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 11 / 13 / 2009

**Transaction ID:** SA11AI.12188

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**C.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 11 / 25 / 2009

**Transaction ID:** SA11AI.12264

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

**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 14 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Chairman, President and CEO  
Co.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12342

Amount of Each Receipt this Period

80.00

Payroll deduction of \$80 per pay

**B.**

Full Name (Last, First, Middle Initial)

John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Chairman, President and CEO  
Co.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12417

Amount of Each Receipt this Period

80.00

Payroll deduction of \$80 per pay

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Bowers

Mailing Address S86 W33540 Short Drive

City State Zip Code  
Mukwonago WI 53149-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

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

**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 15 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard B. Bowers

Mailing Address S86 W33540 Short Drive

City State Zip Code  
Mukwonago WI 53149-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12243

Amount of Each Receipt this Period  
125.00

Director retainer deduction of \$125 per qtr

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code  
Calamus IA 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11454

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code  
Calamus IA 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11528

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

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

165.00

**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 16 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 07 / 2009  
Transaction ID: SA11AI.11602  
Amount of Each Receipt this Period: 20.00  
Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 21 / 2009  
Transaction ID: SA11AI.11683  
Amount of Each Receipt this Period: 20.00  
Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 04 / 2009  
Transaction ID: SA11AI.11763  
Amount of Each Receipt this Period: 20.00  
Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 60.00

**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 17 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID: SA11AI.11853**  
 Amount of Each Receipt this Period: 20.00  
 Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID: SA11AI.11934**  
 Amount of Each Receipt this Period: 20.00  
 Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID: SA11AI.12013**  
 Amount of Each Receipt this Period: 20.00  
 Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 18 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code  
Calamus IA 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.12089

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code  
Calamus IA 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12169

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code  
Calamus IA 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID:** SA11AI.12247

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

**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: (check only one)	PAGE 19 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Calamus	IA	52729
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Info Tech.	Transaction ID: SA11AI.12325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="20.00"/>
			Payroll deduction of \$20 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Calamus	IA	52729
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Info Tech.	Transaction ID: SA11AI.12399
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="520.00"/>	<input type="text" value="20.00"/>
			Payroll deduction of \$20 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grove city	OH	43123
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11470
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="55.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
William P. Brestle

Mailing Address 3979 Chancellor Drive

City State Zip Code  
Grove city OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

**Transaction ID:** SA11AI.11544

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
William P. Brestle

Mailing Address 3979 Chancellor Drive

City State Zip Code  
Grove city OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

**Transaction ID:** SA11AI.11618

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
William P. Brestle

Mailing Address 3979 Chancellor Drive

City State Zip Code  
Grove city OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.11702

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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: (check only one)	PAGE 21 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grove city	OH	43123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11779
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grove city	OH	43123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11869
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grove city	OH	43123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11951
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Mailing Address 3979 Chancellor Drive	<b>Transaction ID:</b> SA11AI.12030
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 3979 Chancellor Drive	<b>Transaction ID:</b> SA11AI.12106
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Mailing Address 3979 Chancellor Drive	<b>Transaction ID:</b> SA11AI.12189
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 23 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 3979 Chancellor Drive		<b>Transaction ID:</b> SA11AI.12265
City Grove city	State OH	Zip Code 43123
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 3979 Chancellor Drive		<b>Transaction ID:</b> SA11AI.12343
City Grove city	State OH	Zip Code 43123
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**C.**

Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address 3979 Chancellor Drive		<b>Transaction ID:</b> SA11AI.12418
City Grove city	State OH	Zip Code 43123
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 24 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2009

**Transaction ID:** SA11AI.11455

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2009

**Transaction ID:** SA11AI.11529

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009

**Transaction ID:** SA11AI.11603

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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: (check only one)	PAGE 25 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 5300 State Route 203	<b>Transaction ID:</b> SA11AI.11684
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 5300 State Route 203	<b>Transaction ID:</b> SA11AI.11764
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 5300 State Route 203	<b>Transaction ID:</b> SA11AI.11854
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<b>TOTAL</b> 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 26 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.11935

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.12014

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.12090

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 27 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.12170

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009

Transaction ID: SA11AI.12248

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.12326

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 28 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City State Zip Code  
Radnor OH 43066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assistant V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12400

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)

Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co Asst. VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11471

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)

Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co Asst. VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11545

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 29 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009

**Transaction ID:** SA11AI.11619

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 21 / 2009

**Transaction ID:** SA11AI.11703

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009

**Transaction ID:** SA11AI.11780

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 30 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.11870

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.11952

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.12031

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 31 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt																					
	Mailing Address 665 Woodduck Ct.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	9														
	City State Zip Code Columbus OH 43215		Transaction ID: SA11AI.12107																					
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt																					
	Mailing Address 665 Woodduck Ct.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	3		2	0	0	9														
	City State Zip Code Columbus OH 43215		Transaction ID: SA11AI.12190																					
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt																					
	Mailing Address 665 Woodduck Ct.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		2	5		2	0	0	9														
	City State Zip Code Columbus OH 43215		Transaction ID: SA11AI.12266																					
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 32 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009

**Transaction ID:** SA11AI.12344

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009

**Transaction ID:** SA11AI.12419

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2009

**Transaction ID:** SA11AI.11472

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 33 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY 07 / 24 / 2009

Transaction ID: SA11AI.11546

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY 08 / 07 / 2009

Transaction ID: SA11AI.11620

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY 08 / 21 / 2009

Transaction ID: SA11AI.11704

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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: (check only one)	PAGE 34 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.11781
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.11871
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.11953
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 35 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.12032
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.12108
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 6984 Linbrook Blvd.	<b>Transaction ID:</b> SA11AI.12191
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 36 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12267
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="360.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>B.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12345
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="375.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12420
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="390.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 6436 Meadow Glen N	<b>Transaction ID:</b> SA11AI.11473
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 6436 Meadow Glen N	<b>Transaction ID:</b> SA11AI.11547
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 6436 Meadow Glen N	<b>Transaction ID:</b> SA11AI.11621
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 38 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas D. Campana  
 Mailing Address 6436 Meadow Glen N  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 08 / 21 / 2009  
**Transaction ID:** SA11AI.11705  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas D. Campana  
 Mailing Address 6436 Meadow Glen N  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 09 / 04 / 2009  
**Transaction ID:** SA11AI.11782  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Campana  
 Mailing Address 6436 Meadow Glen N  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 09 / 18 / 2009  
**Transaction ID:** SA11AI.11872  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 39 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11954

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12033

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12109

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 40 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12192

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12268

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12346

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 41 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI.12421

Amount of Each Receipt this Period: 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code  
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Co.  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY  
07 / 10 / 2009

Transaction ID: SA11AI.11474

Amount of Each Receipt this Period: 25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code  
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Co.  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: MM / DD / YYYY  
07 / 24 / 2009

Transaction ID: SA11AI.11548

Amount of Each Receipt this Period: 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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 42 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2009

Transaction ID: SA11AI.11622

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.11706

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.11783

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 43 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11AI.11873  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.11955  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: SA11AI.12034  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 44 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.12110

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.12193

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2009

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

**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 45 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.12347

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.12422

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2009

Transaction ID: SA11AI.11475

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 46 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11549

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11623

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11708

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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  
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FOR LINE NUMBER: PAGE 47 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

**Transaction ID:** SA11AI.11784

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

**Transaction ID:** SA11AI.11874

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

**Transaction ID:** SA11AI.11956

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 48 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** SA11AI.12035  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.12111  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: VP Tax Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.12194  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 49 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
John D. Coffman  
 Mailing Address 7042 Tralee Drive  
 City State Zip Code  
Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation VP Tax Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12270  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
John D. Coffman  
 Mailing Address 7042 Tralee Drive  
 City State Zip Code  
Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation VP Tax Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00  
 Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12348  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
John D. Coffman  
 Mailing Address 7042 Tralee Drive  
 City State Zip Code  
Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation VP Tax Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt 12 / 23 / 2009  
**Transaction ID:** SA11AI.12423  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**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 50 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Insurance Company  
Occupation Sr. V. P. Marketing/Claims

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

**Transaction ID:** SA11AI.11456

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Insurance Company  
Occupation Sr. V. P. Marketing/Claims

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

**Transaction ID:** SA11AI.11530

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Insurance Company  
Occupation Sr. V. P. Marketing/Claims

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

**Transaction ID:** SA11AI.11604

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 51 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

Transaction ID: SA11AI.11685

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

Transaction ID: SA11AI.11765

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

Transaction ID: SA11AI.11855

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

**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: (check only one)	PAGE 52 / 305
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 712 South 9th Street Ct.	<b>Transaction ID:</b> SA11AI.11936
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Iowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 712 South 9th Street Ct.	<b>Transaction ID:</b> SA11AI.12015
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Iowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 712 South 9th Street Ct.	<b>Transaction ID:</b> SA11AI.12091
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Iowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 53 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12171

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID:** SA11AI.12249

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Iowa Mutual Insurance Company

Occupation  
Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.12327

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 54 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Insurance Company Sr. V. P. Marketing/Claims

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12401

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11476

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11550

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

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

55.00

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 55 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

Transaction ID: SA11AI.11624

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

Transaction ID: SA11AI.11709

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

Transaction ID: SA11AI.11785

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

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

45.00

**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: (check only one)	PAGE 56 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11875
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11957
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12036
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 57 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.12112  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.12195  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 11 / 25 / 2009  
**Transaction ID:** SA11AI.12271  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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: (check only one)	PAGE 58 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 10544 Smoke Road, SW	<b>Transaction ID:</b> SA11AI.12349
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 10544 Smoke Road, SW	<b>Transaction ID:</b> SA11AI.12424
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 4282 Hunts Drive	<b>Transaction ID:</b> SA11AI.11477
	City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 59 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11551
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11625
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11710
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Transaction ID: SA11AI.11786
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Transaction ID: SA11AI.11876
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Transaction ID: SA11AI.11958
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code  
Gahanna OH 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.12037

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code  
Gahanna OH 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.12113

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code  
Gahanna OH 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12196

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00

**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: (check only one)	PAGE 62 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12272
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12350
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12425
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 10 / 2009  
Transaction ID: SA11AI.11478  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 24 / 2009  
Transaction ID: SA11AI.11552  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 07 / 2009  
Transaction ID: SA11AI.11626  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 64 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID:** SA11AI.11711  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID:** SA11AI.11787  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 18 / 2009  
**Transaction ID:** SA11AI.11877  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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: (check only one)	PAGE 65 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 53 Nottingham Road	<b>Transaction ID:</b> SA11AI.11479
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co.    Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 53 Nottingham Road	<b>Transaction ID:</b> SA11AI.11553
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co.    Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 53 Nottingham Road	<b>Transaction ID:</b> SA11AI.11627
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co.    Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<b>TOTAL</b> 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 66 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11712

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 04 / 2009

Transaction ID: SA11AI.11788

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11878

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 67 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.11959  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.12038  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12114  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 68 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12197  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12273  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
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

**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 69 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code  
Columbus OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12426

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11480

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

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

**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 70 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2009  
Transaction ID: SA11AI.11628  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2009  
Transaction ID: SA11AI.11713  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2009  
Transaction ID: SA11AI.11789  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 71 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.11879

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.11960

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.12039

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 72 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Vice President  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12115

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Vice President  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12198

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Vice President  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12274

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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 73 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.12351  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 23 / 2009  
Transaction ID: SA11AI.12427  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 806.40

Date of Receipt 07 / 10 / 2009  
Transaction ID: SA11AI.11465  
Amount of Each Receipt this Period 57.60  
Payroll deduction of \$57.-60 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 107.60

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 74 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt MM / DD / YYYY 07 / 24 / 2009

**Transaction ID:** SA11AI.11539

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 921.60

Date of Receipt MM / DD / YYYY 08 / 07 / 2009

**Transaction ID:** SA11AI.11613

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 979.20

Date of Receipt MM / DD / YYYY 08 / 21 / 2009

**Transaction ID:** SA11AI.11695

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 172.80

**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 75 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1036.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2009

Transaction ID: SA11AI.11774

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1094.40

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11864

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1152.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2009

Transaction ID: SA11AI.11945

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

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

172.80

**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 76 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1209.60

Date of Receipt 10 / 16 / 2009

**Transaction ID:** SA11AI.12024

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-  
60 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1267.20

Date of Receipt 10 / 30 / 2009

**Transaction ID:** SA11AI.12100

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-  
60 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1324.80

Date of Receipt 11 / 13 / 2009

**Transaction ID:** SA11AI.12181

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-  
60 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 172.80

**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 77 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1382.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12258

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12336

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1497.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12410

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-  
60 per pay

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

172.80

**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 78 / 305
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Asst VP	Transaction ID: SA11AI.11629
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Asst VP	Transaction ID: SA11AI.11714
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Columbus	OH	43202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Asst VP	Transaction ID: SA11AI.11790
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.11880

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.11961

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.12040

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 80 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12116  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12199  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 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

**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 81 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Co.  
Occupation: Asst VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 12 / 11 / 2009  
**Transaction ID:** SA11AI.12354  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Joseph P Fullenkamp  
Mailing Address 3123 Summit Street

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Co.  
Occupation: Asst VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 23 / 2009  
**Transaction ID:** SA11AI.12428  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
Mailing Address 1425 Briarmeadow Dr.

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: V. P., Corporate Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** SA11AI.12041  
 Amount of Each Receipt this Period: 10.00  
 Payroll deduction of \$10 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40.00

**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 82 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
Mailing Address 1425 Briar Meadow Dr.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼ 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

**B.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
Mailing Address 1425 Briar Meadow Dr.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12200  
Amount of Each Receipt this Period 10.00  
Payroll deduction of \$10 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
Mailing Address 1425 Briar Meadow Dr.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12276  
Amount of Each Receipt this Period 10.00  
Payroll deduction of \$10 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00  
**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 83 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
 Mailing Address 1425 Briar Meadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12355  
 Amount of Each Receipt this Period 10.00  
 Payroll deduction of \$10 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles R. Gaskill  
 Mailing Address 1425 Briar Meadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
 Date of Receipt 12 / 23 / 2009  
**Transaction ID:** SA11AI.12429  
 Amount of Each Receipt this Period 10.00  
 Payroll deduction of \$10 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons  
 Mailing Address 14 Burreed Court  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt 07 / 10 / 2009  
**Transaction ID:** SA11AI.11483  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00  
**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 84 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11557

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11631

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY  
08 / 21 / 2009

**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

**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: (check only one)	PAGE 85 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 14 Burreed Court	<b>Transaction ID:</b> SA11AI.11792
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 14 Burreed Court	<b>Transaction ID:</b> SA11AI.11882
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 14 Burreed Court	<b>Transaction ID:</b> SA11AI.11963
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 86 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** SA11AI.12042

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12118

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code  
Pataskala OH 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12201

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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: (check only one)	PAGE 87 / 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
	Mailing Address 14 Burreed Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12277
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P. Personal Lines Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 360.00	Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
	Mailing Address 14 Burreed Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12356
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P. Personal Lines Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
	Mailing Address 14 Burreed Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12430
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P. Personal Lines Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Powell OH 43065		Transaction ID: SA11AI.11484
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 210.00		Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Powell OH 43065		Transaction ID: SA11AI.11558
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 225.00		Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Powell OH 43065		Transaction ID: SA11AI.11632
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 240.00		Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 89 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID:** SA11AI.11717  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID:** SA11AI.11793  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009  
**Transaction ID:** SA11AI.11883  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 90 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11964

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12043

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12119

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 91 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12202  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12278  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12357  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 92 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12431

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Dino Guanciale

Mailing Address 4819 St. Andrews Circle

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12086

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Dino Guanciale

Mailing Address 4819 St. Andrews Circle

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12120

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 93 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 4819 St. Andrews Circle		<b>Transaction ID:</b> SA11AI.12203
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 4819 St. Andrews Circle		<b>Transaction ID:</b> SA11AI.12279
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

**C.**

Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 4819 St. Andrews Circle		<b>Transaction ID:</b> SA11AI.12358
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 94 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Dino Guanciale

Mailing Address 4819 St. Andrews Circle

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12432

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer The Motorists Insurance Group Occupation Sr. VP and Asst. Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11486

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer The Motorists Insurance Group Occupation Sr. VP and Asst. Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11560

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11634

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11719

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID:** SA11AI.11795

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 96 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11885

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11966

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** SA11AI.12044

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 97 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12121

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12204

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12280

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 98 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.12359

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan E. Haack

Mailing Address 7494 Heffley Court

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.12433

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Marc S. Hall

Mailing Address 5999 Lane Road

City State Zip Code  
Centerburg OH 43011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.11487

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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: (check only one)	PAGE 99 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11561
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11635
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11720
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="255.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 100 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Marc S. Hall

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID: SA11AI.11796**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Marc S. Hall

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009  
**Transaction ID: SA11AI.11886**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Marc S. Hall

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009  
**Transaction ID: SA11AI.11967**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 101 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12045
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

**B.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12122
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**C.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12205
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 102 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12281
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12360
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**C.**

Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address 5999 Lane Road		<b>Transaction ID:</b> SA11AI.12434
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 103 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11488
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11562
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11636
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 104 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.11721

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

**Transaction ID:** SA11AI.11797

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

**Transaction ID:** SA11AI.11888

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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: (check only one)	PAGE 105 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11968
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12046
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12123
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 106 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12206

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12282

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12361

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 107 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company      Occupation Assist. V. P.

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      390.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

**Transaction ID:** SA11AI.12435

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.      Occupation V. P. Claims

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	9	

**Transaction ID:** SA11AI.11459

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.      Occupation V. P. Claims

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	9	

**Transaction ID:** SA11AI.11533

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 108 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.11607

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11688

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 04 / 2009

Transaction ID: SA11AI.11768

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 109 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. James F Hayon</p> <p>Mailing Address 1020 South Washington Drive</p> <p>City State Zip Code Howards Grove WI 53083</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Claims</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 18 / 2009</p> <p><b>Transaction ID:</b> SA11AI.11858</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. James F Hayon</p> <p>Mailing Address 1020 South Washington Drive</p> <p>City State Zip Code Howards Grove WI 53083</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Claims</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 02 / 2009</p> <p><b>Transaction ID:</b> SA11AI.11939</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. James F Hayon</p> <p>Mailing Address 1020 South Washington Drive</p> <p>City State Zip Code Howards Grove WI 53083</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Claims</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 16 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12018</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<b>TOTAL</b> 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 110 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.12094

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12174

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID:** SA11AI.12252

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 111 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.12330

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code  
Howards Grove WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12404

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City State Zip Code  
Pickerington OH 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11489

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2009

Transaction ID: SA11AI.11563

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009

Transaction ID: SA11AI.11637

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.11722

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 113 / 305  
(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009

**Transaction ID:** SA11AI.11798

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009

**Transaction ID:** SA11AI.11889

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009

**Transaction ID:** SA11AI.11969

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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

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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.12047

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.12124

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.12207

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009

**Transaction ID:** SA11AI.12283

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009

**Transaction ID:** SA11AI.12362

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009

**Transaction ID:** SA11AI.12436

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 Date of Receipt 07 / 10 / 2009  
**Transaction ID:** SA11AI.11490  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 350.00

**B.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 Date of Receipt 07 / 24 / 2009  
**Transaction ID:** SA11AI.11564  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 375.00

**C.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 Date of Receipt 08 / 07 / 2009  
**Transaction ID:** SA11AI.11638  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00  
**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 117 / 305  
(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2009

**Transaction ID:** SA11AI.11723

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2009

**Transaction ID:** SA11AI.11799

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 18 / 2009

**Transaction ID:** SA11AI.11890

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 118 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Life Financial Operations

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.11970

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Life Financial Operations

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12048

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock

Mailing Address 1409 Snowmass Road

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation VP Life Financial Operations

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12125

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00  
 Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12208  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12284  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00  
 Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12363  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Hitchcock  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt MM / DD / YYYY 12 / 23 / 2009  
**Transaction ID:** SA11AI.12437  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt MM / DD / YYYY 07 / 10 / 2009  
**Transaction ID:** SA11AI.11491  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00  
 Date of Receipt MM / DD / YYYY 07 / 24 / 2009  
**Transaction ID:** SA11AI.11565  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00  
**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: (check only one)	PAGE 121 / 305
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	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11640
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11724
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="255.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.11800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 122 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID:** SA11AI.11891  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.11971  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** SA11AI.12049  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 123 / 305  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009  
**Transaction ID:** SA11AI.12126  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12209  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12285  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 124 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover  
Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 11 / 2009  
**Transaction ID:** SA11AI.12364  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey O. Hoover  
Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 23 / 2009  
**Transaction ID:** SA11AI.12438  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers  
Mailing Address 6401 Possmore Lane

City Canal Winchester State OH Zip Code 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 10 / 2009  
**Transaction ID:** SA11AI.11492  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 125 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.11566

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.11641

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11725

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 126 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address 6401 Possmore Lane		<b>Transaction ID:</b> SA11AI.11801
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 6401 Possmore Lane		<b>Transaction ID:</b> SA11AI.11892
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 6401 Possmore Lane		<b>Transaction ID:</b> SA11AI.11972
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 127 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Comp- any  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12050

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Comp- any  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12127

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Comp- any  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12210

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 128 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12286

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12365

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code  
Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

**Transaction ID:** SA11AI.12439

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 129 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2009

**Transaction ID:** SA11AI.11460

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2009

**Transaction ID:** SA11AI.11534

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2009

**Transaction ID:** SA11AI.11608

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 130 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11689

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID:** SA11AI.11769

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.11859

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 131 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11940

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12019

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12095

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 132 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12175

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12253

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.12331

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 133 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code  
**Sheboygan WI 53083**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **MM / DD / YYYY**  
**12 / 23 / 2009**

**Transaction ID: SA11AI.12405**

Amount of Each Receipt this Period **25.00**

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code  
**Worthington OH 43235**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **MM / DD / YYYY**  
**07 / 10 / 2009**

**Transaction ID: SA11AI.11493**

Amount of Each Receipt this Period **30.00**

Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code  
**Worthington OH 43235**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **MM / DD / YYYY**  
**07 / 24 / 2009**

**Transaction ID: SA11AI.11567**

Amount of Each Receipt this Period **30.00**

Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

**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 134 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.11642
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

**B.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.11726
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

**C.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.11802
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 135 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Sr. Vice President, CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

**Transaction ID:** SA11AI.11893

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Sr. Vice President, CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

**Transaction ID:** SA11AI.11973

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Sr. Vice President, CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** SA11AI.12051

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 136 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.12128
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

**B.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.12211
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

**C.**

Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11AI.12287
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 137 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
David L. Kaufman  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Sr. Vice President, CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 12 / 11 / 2009  
**Transaction ID:** SA11AI.12366  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
David L. Kaufman  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Sr. Vice President, CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 12 / 23 / 2009  
**Transaction ID:** SA11AI.12440  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
John C. Kessler  
 Mailing Address 3910 Caswell Road  
 City State Zip Code  
 Johnstown OH 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 07 / 10 / 2009  
**Transaction ID:** SA11AI.11494  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**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 138 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)

John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code  
Johnstown OH 43031

FEC ID number of contributing federal political committee.

C

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 24 2009

Transaction ID: SA11AI.11568

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

B.

Full Name (Last, First, Middle Initial)

John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code  
Johnstown OH 43031

FEC ID number of contributing federal political committee.

C

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
08 07 2009

Transaction ID: SA11AI.11643

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

C.

Full Name (Last, First, Middle Initial)

John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code  
Johnstown OH 43031

FEC ID number of contributing federal political committee.

C

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2009

Transaction ID: SA11AI.11727

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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 139 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.11803
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.11894
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

**C.**

Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.11974
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 140 / 305  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 10 / 16 / 2009		
	Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.12052		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 10 / 30 / 2009		
	Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.12129		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 3910 Caswell Road		<b>Transaction ID:</b> SA11AI.12212		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> 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 141 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<p><b>A.</b> Full Name (Last, First, Middle Initial) John C. Kessler</p> <p>Mailing Address 3910 Caswell Road</p> <p>City State Zip Code <u>Johnstown</u> OH 43031</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Motorists Mutual Insurance Company</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 25 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12288</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John C. Kessler</p> <p>Mailing Address 3910 Caswell Road</p> <p>City State Zip Code <u>Johnstown</u> OH 43031</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Motorists Mutual Insurance Company</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 11 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12367</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John C. Kessler</p> <p>Mailing Address 3910 Caswell Road</p> <p>City State Zip Code <u>Johnstown</u> OH 43031</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Motorists Mutual Insurance Company</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 23 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12441</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 142 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: SA11AI.11495

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.11569

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.11644

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

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

75.00

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 143 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.11728

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.11804

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)

Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.11895

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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 144 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.11975

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.12053

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.12130

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 145 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12213

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID:** SA11AI.12289

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.12368

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 146 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12442

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11496

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11570

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.00**

**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: (check only one)	PAGE 147 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 1139 Tidewater Court	<b>Transaction ID:</b> SA11AI.11645
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 1139 Tidewater Court	<b>Transaction ID:</b> SA11AI.11729
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 1139 Tidewater Court	<b>Transaction ID:</b> SA11AI.11805
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 148 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt MM / DD / YYYY 09 / 18 / 2009		
	Mailing Address 1139 Tidewater Court		<b>Transaction ID:</b> SA11AI.11896		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Aggregate Year-to-Date 285.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 1139 Tidewater Court		<b>Transaction ID:</b> SA11AI.11976		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt MM / DD / YYYY 10 / 16 / 2009		
	Mailing Address 1139 Tidewater Court		<b>Transaction ID:</b> SA11AI.12054		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Aggregate Year-to-Date 315.00		

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

45.00

**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 149 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12131

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12214

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12290

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 150 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.12369

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.12443

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City State Zip Code  
Lewis Center OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.11497

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 151 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City State Zip Code  
Lewis Center OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.11571

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City State Zip Code  
Lewis Center OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.11646

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City State Zip Code  
Lewis Center OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11730

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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: (check only one)	PAGE 152 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.11806
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.11897
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.11977
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 153 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Jeff Kirkey  
Mailing Address 1749 Pinecone Court  
City Lewis Center State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.12055  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Jeff Kirkey  
Mailing Address 1749 Pinecone Court  
City Lewis Center State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12132  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Jeff Kirkey  
Mailing Address 1749 Pinecone Court  
City Lewis Center State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12215  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 154 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 1749 Pinecone Court		<b>Transaction ID:</b> SA11AI.12291
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 1749 Pinecone Court		<b>Transaction ID:</b> SA11AI.12370
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**C.**

Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address 1749 Pinecone Court		<b>Transaction ID:</b> SA11AI.12444
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 155 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street  
City State Zip Code  
Manitowoc WI 45220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 280.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2009  
Transaction ID: SA11AI.11461  
Amount of Each Receipt this Period  
20.00  
Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street  
City State Zip Code  
Manitowoc WI 45220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2009  
Transaction ID: SA11AI.11535  
Amount of Each Receipt this Period  
20.00  
Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street  
City State Zip Code  
Manitowoc WI 45220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2009  
Transaction ID: SA11AI.11609  
Amount of Each Receipt this Period  
20.00  
Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00  
**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 156 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2009

**Transaction ID:** SA11AI.11690

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2009

**Transaction ID:** SA11AI.11770

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11860

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 157 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.11941

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12020

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin

Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12096

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

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

60.00

**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 158 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 460.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12176  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12254  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street

City State Zip Code  
Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12332  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 159 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Lappin  
Mailing Address 728 South 29th Street  
City State Zip Code  
Manitowoc WI 45220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Agency Operations  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9  
Transaction ID: SA11AI.12406  
Amount of Each Receipt this Period  
20.00  
Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence  
Mailing Address 8447 Priestley Drive  
City State Zip Code  
Reynoldsburg OH 43068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9  
Transaction ID: SA11AI.11501  
Amount of Each Receipt this Period  
15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence  
Mailing Address 8447 Priestley Drive  
City State Zip Code  
Reynoldsburg OH 43068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9  
Transaction ID: SA11AI.11573  
Amount of Each Receipt this Period  
15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 50.00  
**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 160 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009  
**Transaction ID:** SA11AI.11648  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID:** SA11AI.11732  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID:** SA11AI.11808  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 161 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID: SA11AI.11899**  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID: SA11AI.11979**  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID: SA11AI.12058**  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 162 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009  
**Transaction ID:** SA11AI.12134  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12217  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12293  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 163 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.12372

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.12446

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. David W. Lemon

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.12180

Amount of Each Receipt this Period 125.00

Retainer deduction of \$125 per qtr

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00

**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 164 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 10 / 2009**

**Transaction ID: SA11AI.11499**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 24 / 2009**

**Transaction ID: SA11AI.11574**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 07 / 2009**

**Transaction ID: SA11AI.11649**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 165 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 21 / 2009**

**Transaction ID: SA11AI.11733**

Amount of Each Receipt this Period **15.00**

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 04 / 2009**

**Transaction ID: SA11AI.11809**

Amount of Each Receipt this Period **15.00**

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 18 / 2009**

**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**

**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 166 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 02 2009**

**Transaction ID: SA11AI.11980**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 16 2009**

**Transaction ID: SA11AI.12059**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 30 2009**

**Transaction ID: SA11AI.12135**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 167 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael Lisi  
 Mailing Address 6740 Callaway Court  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00  
 Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12218  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael Lisi  
 Mailing Address 6740 Callaway Court  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00  
 Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12294  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Michael Lisi  
 Mailing Address 6740 Callaway Court  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company  
 Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00  
 Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12373  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 168 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code  
**Westerville OH 43082**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 23 / 2009**

**Transaction ID: SA11AI.12447**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
**Worthington OH 43285**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 10 / 2009**

**Transaction ID: SA11AI.11500**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
**Worthington OH 43285**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 24 / 2009**

**Transaction ID: SA11AI.11575**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 169 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Worthington	OH	43285
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.11650
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Worthington	OH	43285
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.11734
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Worthington	OH	43285
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.11810
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 170 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.11901

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.11981

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.12060

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 171 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12136

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12219

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12295

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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: (check only one)	PAGE 172 / 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12374
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12448
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DePere	WI	54115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11462
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 15.00
		<input type="text"/> 210.00	Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 173 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 24 / 2009  
Transaction ID: SA11AI.11536  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 07 / 2009  
Transaction ID: SA11AI.11610  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 21 / 2009  
Transaction ID: SA11AI.11691  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 174 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 04 / 2009  
**Transaction ID:** SA11AI.11771  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID:** SA11AI.11861  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.11942  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 175 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City State Zip Code  
DePere WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Marketing

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12021

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City State Zip Code  
DePere WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Marketing

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12097

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City State Zip Code  
DePere WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V.P. Marketing

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12177

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 176 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 11 / 25 / 2009  
Transaction ID: SA11AI.12255  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.12333  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 23 / 2009  
Transaction ID: SA11AI.12407  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 177 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11522

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11597

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11672

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 178 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  /  /   
**Transaction ID:** SA11AI.11756  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  /  /   
**Transaction ID:** SA11AI.11832  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  /  /   
**Transaction ID:** SA11AI.11923  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

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

**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 179 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual Sr. VP & Chief Operating Officer  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.12003

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual Sr. VP & Chief Operating Officer  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12081

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual Sr. VP & Chief Operating Officer  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12157

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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 180 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.12240

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2009

Transaction ID: SA11AI.12316

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.12395

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 181 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual Sr. VP & Chief Operating Officer  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12469

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Marketing  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11523

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Marketing  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11598

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

55.00

**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 182 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11673

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11757

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID:** SA11AI.11833

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 183 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11924

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.12004

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** SA11AI.12082

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 184 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12158  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12241  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12317  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 185 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.12396

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12470

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11466

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 186 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  M M /  D D /  Y Y Y Y Y  
07 / 24 / 2009

**Transaction ID:** SA11AI.11540

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  M M /  D D /  Y Y Y Y Y  
08 / 07 / 2009

**Transaction ID:** SA11AI.11614

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt  M M /  D D /  Y Y Y Y Y  
08 / 21 / 2009

**Transaction ID:** SA11AI.11696

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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 187 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 04 / 2009

**Transaction ID:** SA11AI.11775

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11865

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11946

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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 188 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12025

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12101

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12182

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**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 189 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12259

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.12337

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.12411

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**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 190 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 10 / 2009  
**Transaction ID:** SA11AI.11502  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 24 / 2009  
**Transaction ID:** SA11AI.11576  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 07 / 2009  
**Transaction ID:** SA11AI.11651  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 191 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 08 / 21 / 2009		
	Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.11735		
	City Lancaster	State OH	Zip Code 43130	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.11811		
	City Lancaster	State OH	Zip Code 43130	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 09 / 18 / 2009		
	Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.11902		
	City Lancaster	State OH	Zip Code 43130	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$15 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 192 / 305  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.11982
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.12061
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

**C.**

Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 662 East Fifth Avenue		<b>Transaction ID:</b> SA11AI.12137
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 193 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12220  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12296  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12375  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 194 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12449

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer  
retired from MIG

Occupation  
MIG Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

**Transaction ID:** SA11AI.11503

Amount of Each Receipt this Period  
50.00

Payroll deduction of \$50 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer  
retired from MIG

Occupation  
MIG Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11577

Amount of Each Receipt this Period  
50.00

Payroll deduction of \$50 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.00**

**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 195 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 4612 Club Dr., Unit 201		<b>Transaction ID:</b> SA11AI.11652
City Port Charlotte	State FL	Zip Code 33953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired from MIG	Occupation MIG Director	Payroll deduction of \$50 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 4612 Club Dr., Unit 201		<b>Transaction ID:</b> SA11AI.11736
City Port Charlotte	State FL	Zip Code 33953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired from MIG	Occupation MIG Director	Payroll deduction of \$50 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address 4612 Club Dr., Unit 201		<b>Transaction ID:</b> SA11AI.11812
City Port Charlotte	State FL	Zip Code 33953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired from MIG	Occupation MIG Director	Payroll deduction of \$50 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> 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 196 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11AI.11903  
Amount of Each Receipt this Period: 50.00  
Payroll deduction of \$50 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.11983  
Amount of Each Receipt this Period: 50.00  
Payroll deduction of \$50 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 16 / 2009  
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

**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 197 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID:** SA11AI.12260

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.12338

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.12412

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 198 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2009  
**Transaction ID: SA11AI.11504**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2009  
**Transaction ID: SA11AI.11578**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009  
**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

**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 199 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 21 / 2009  
Transaction ID: SA11AI.11737  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009  
Transaction ID: SA11AI.11813  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.11904  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 200 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Assist. V. P.  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.11984

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Assist. V. P.  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12062

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City State Zip Code  
Hilliard OH 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Com- Assist. V. P.  
pany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12138

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

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

45.00

**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 201 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12221  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12297  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12376  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 202 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.12450

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N Apt. B208

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2009

Transaction ID: SA11AI.11524

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N Apt. B208

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 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

**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 203 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.11675

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11758

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2009

Transaction ID: SA11AI.11834

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

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

45.00

**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 204 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
285.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11925

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2009

Transaction ID: SA11AI.12005

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City State Zip Code  
Plymouth MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hardware Mutual V. P. Underwriting  
Ins.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
315.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: SA11AI.12083

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 205 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12159  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12242  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N  
Apt. B208

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12318  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00

**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 206 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers</p> <p>Mailing Address 15300 37th Avenue N Apt. B208</p> <p>City State Zip Code Plymouth MN 55446</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 11 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12397</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers</p> <p>Mailing Address 15300 37th Avenue N Apt. B208</p> <p>City State Zip Code Plymouth MN 55446</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 23 / 2009</p> <p><b>Transaction ID:</b> SA11AI.12471</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Damian Puchala</p> <p>Mailing Address 325 Olenview Circle</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 10 / 2009</p> <p><b>Transaction ID:</b> SA11AI.11506</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction of \$15 per pay</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<b>TOTAL</b> 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 207 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 325 Olenview Circle		<b>Transaction ID:</b> SA11AI.11580
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 325 Olenview Circle		<b>Transaction ID:</b> SA11AI.11655
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 325 Olenview Circle		<b>Transaction ID:</b> SA11AI.11739
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 208 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 04 / 2009  
**Transaction ID: SA11AI.11815**  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID: SA11AI.11906**  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID: SA11AI.11986**  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 209 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12064

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)

Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12140

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)

Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.12223

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 210 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12299  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12378  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009  
**Transaction ID:** SA11AI.12452  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 211 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2009

Transaction ID: SA11AI.11457

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2009

Transaction ID: SA11AI.11531

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2009

Transaction ID: SA11AI.11605

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 212 / 305
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.11686
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.11766
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.11856
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="285.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.11937
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.12016
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="315.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	<b>Transaction ID:</b> SA11AI.12092
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="330.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 825 West Price Street		<b>Transaction ID:</b> SA11AI.12172
City Eldridge	State IA	Zip Code 52748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

**B.**

Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 825 West Price Street		<b>Transaction ID:</b> SA11AI.12250
City Eldridge	State IA	Zip Code 52748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 825 West Price Street		<b>Transaction ID:</b> SA11AI.12328
City Eldridge	State IA	Zip Code 52748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 215 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Mutual Ins. Co. V. P. Commercial Lines

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.12402

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co. Asst. VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12065

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co. Asst. VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12141

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 216 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Kelly Reisling  
Mailing Address 3178 Ranke Court  
City Grove City State OH Zip Code 43123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12224  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Kelly Reisling  
Mailing Address 3178 Ranke Court  
City Grove City State OH Zip Code 43123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12300  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Kelly Reisling  
Mailing Address 3178 Ranke Court  
City Grove City State OH Zip Code 43123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.12379  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00  
**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 217 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)

Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co. Asst. VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12453

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)

Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11508

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)

Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11582

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 218 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

Transaction ID: SA11AI.11657

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

Transaction ID: SA11AI.11741

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

Transaction ID: SA11AI.11817

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 219 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11908

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2009

Transaction ID: SA11AI.11988

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: SA11AI.12066

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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: (check only one)	PAGE 220 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 4732 Golf Village Drive	<b>Transaction ID:</b> SA11AI.12142
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 4732 Golf Village Drive	<b>Transaction ID:</b> SA11AI.12225
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 4732 Golf Village Drive	<b>Transaction ID:</b> SA11AI.12301
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> 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 221 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12380

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12454

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11509

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

55.00

**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: (check only one)	PAGE 222 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 1026 Loch Ness Avenue	<b>Transaction ID:</b> SA11AI.11583
	City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 1026 Loch Ness Avenue	<b>Transaction ID:</b> SA11AI.11658
	City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 1026 Loch Ness Avenue	<b>Transaction ID:</b> SA11AI.11742
	City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 223 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

**Transaction ID:** SA11AI.11818

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

**Transaction ID:** SA11AI.11909

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

**Transaction ID:** SA11AI.11989

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 224 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
**Worthington OH 43085**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 16 / 2009**

**Transaction ID: SA11AI.12067**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
**Worthington OH 43085**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 30 / 2009**

**Transaction ID: SA11AI.12143**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
**Worthington OH 43085**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**11 / 13 / 2009**

**Transaction ID: SA11AI.12226**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 225 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12302

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12381

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

**Transaction ID:** SA11AI.12455

Amount of Each Receipt this Period  
25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 226 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eugene Schneckloth

Mailing Address 334 Country Club Court  
P. O. Box 46

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer iowa Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11698

Amount of Each Receipt this Period 125.00

Director fee deduction of \$125 qtrly

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eugene Schneckloth

Mailing Address 334 Country Club Court  
P. O. Box 46

City State Zip Code  
Eldridge IA 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer iowa Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 13 / 2009

Transaction ID: SA11AI.12184

Amount of Each Receipt this Period 125.00

Director retainer deducti-  
on of \$125 per qtr

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2009

Transaction ID: SA11AI.11463

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15  
per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 265.00

**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 227 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.11537

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009

**Transaction ID:** SA11AI.11611

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.11692

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 228 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2009

**Transaction ID:** SA11AI.11772

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11862

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11943

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 229 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.12022

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.12098

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.12178

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00

**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 230 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
**Sheboygan WI 53081**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt MM / DD / YYYY  
11 / 25 / 2009

**Transaction ID: SA11AI.12256**

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
**Sheboygan WI 53081**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID: SA11AI.12334**

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code  
**Sheboygan WI 53081**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID: SA11AI.12408**

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... 45.00

**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 231 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2009

Transaction ID: SA11AI.11510

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.11584

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.11659

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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 232 / 305  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.11743

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

**Transaction ID:** SA11AI.11819

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

**Transaction ID:** SA11AI.11910

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 233 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11990

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12068

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12144

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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: (check only one)	PAGE 234 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.12227
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.12303
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.12382
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 235 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12456

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11467

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11541

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

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

135.00

**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 236 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 08 / 07 / 2009  
Transaction ID: SA11AI.11615  
Amount of Each Receipt this Period: 55.00  
Payroll deduction of \$55 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt: 08 / 21 / 2009  
Transaction ID: SA11AI.11697  
Amount of Each Receipt this Period: 55.00  
Payroll deduction of \$55 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt: 09 / 04 / 2009  
Transaction ID: SA11AI.11776  
Amount of Each Receipt this Period: 55.00  
Payroll deduction of \$55 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00

**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 237 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11866

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11947

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** SA11AI.12026

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00

**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 238 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12102

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12183

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12261

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00

**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 239 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
**Westlake OH 44145**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt **12 / 11 / 2009**

**Transaction ID: SA11AI.12339**

Amount of Each Receipt this Period **55.00**

Payroll deduction of \$55 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code  
**Westlake OH 44145**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt **12 / 23 / 2009**

**Transaction ID: SA11AI.12413**

Amount of Each Receipt this Period **55.00**

Payroll deduction of \$55 per pay

**C.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code  
**New Albany OH 43054**

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 10 / 2009**

**Transaction ID: SA11AI.11511**

Amount of Each Receipt this Period **15.00**

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**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 240 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009  
Transaction ID: SA11AI.11586  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2009  
Transaction ID: SA11AI.11661  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009  
Transaction ID: SA11AI.11745  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 241 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 04 / 2009  
Transaction ID: SA11AI.11821  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11AI.11912  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.  
Mailing Address 6418 Summers Nook Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Company  
Occupation: Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.11992  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 242 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Albany	OH	43054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.12070
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="315.00"/>	Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Albany	OH	43054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.12146
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="330.00"/>	Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Albany	OH	43054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.12229
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="345.00"/>	Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12305
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 360.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12384
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 375.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.12458
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 390.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 244 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 10 / 2009  
**Transaction ID:** SA11AI.11512  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 24 / 2009  
**Transaction ID:** SA11AI.11587  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 07 / 2009  
**Transaction ID:** SA11AI.11662  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 245 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 21 / 2009  
**Transaction ID:** SA11AI.11746  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 04 / 2009  
**Transaction ID:** SA11AI.11822  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID:** SA11AI.11913  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 246 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.11993  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: SA11AI.12071  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 30 / 2009  
Transaction ID: SA11AI.12147  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 247 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12230

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12306

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12385

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 248 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Senior Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12459

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11513

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.11588

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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

75.00

**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: (check only one)	PAGE 249 / 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 8816 Cooks Hill Road	<b>Transaction ID:</b> SA11AI.11663
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 8816 Cooks Hill Road	<b>Transaction ID:</b> SA11AI.11747
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 8816 Cooks Hill Road	<b>Transaction ID:</b> SA11AI.11823
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 250 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11914

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11994

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** SA11AI.12072

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 251 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12148

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12231

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12307

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 252 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 11 / 2009  
**Transaction ID:** SA11AI.12386  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 23 / 2009  
**Transaction ID:** SA11AI.12460  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa  
Occupation: Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 10 / 2009  
**Transaction ID:** SA11AI.11514  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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: (check only one)	PAGE 253 / 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 7703 Timber Ridge Drive	<b>Transaction ID:</b> SA11AI.11589
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Life Insurance Compa Occupation: Assist. V. P., Life Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 7703 Timber Ridge Drive	<b>Transaction ID:</b> SA11AI.11664
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Life Insurance Compa Occupation: Assist. V. P., Life Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 7703 Timber Ridge Drive	<b>Transaction ID:</b> SA11AI.11748
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$15 per pay
	Name of Employer: Motorists Life Insurance Compa Occupation: Assist. V. P., Life Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 254 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID:** SA11AI.11824  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2009  
**Transaction ID:** SA11AI.11915  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2009  
**Transaction ID:** SA11AI.11995  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 255 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa  
Occupation: Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** SA11AI.12073  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa  
Occupation: Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.12149  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa  
Occupation: Assist. V. P., Life Underwriting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.12232  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 256 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12308  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12387  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa  
Occupation Assist. V. P., Life Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2009  
**Transaction ID:** SA11AI.12461  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 257 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2009  
**Transaction ID:** SA11AI.11515  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 24 / 2009  
**Transaction ID:** SA11AI.11590  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2009  
**Transaction ID:** SA11AI.11665  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 258 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 21 / 2009  
**Transaction ID:** SA11AI.11749  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 04 / 2009  
**Transaction ID:** SA11AI.11825  
 Amount of Each Receipt this Period: 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 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

**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 259 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.11996

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.12074

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.12150

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 260 / 305  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12233  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12309  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 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

**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 261 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 23 / 2009  
Transaction ID: SA11AI.12462  
Amount of Each Receipt this Period: 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 10 / 2009  
Transaction ID: SA11AI.11516  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 24 / 2009  
Transaction ID: SA11AI.11591  
Amount of Each Receipt this Period: 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 55.00

**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 262 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y  
08 / 07 / 2009

**Transaction ID:** SA11AI.11666

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt M M / D D / Y Y Y Y Y  
08 / 21 / 2009

**Transaction ID:** SA11AI.11750

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 04 / 2009

**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

**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 263 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assistant VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11917

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assistant VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2009

Transaction ID: SA11AI.11997

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assistant VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: SA11AI.12075

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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

45.00

**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 264 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12151

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.12234

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.12310

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 265 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 1 2 / 1 1 / 2 0 0 9  
**Transaction ID:** SA11AI.12389  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon B Thompson  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.12463  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Tubbs  
 Mailing Address 1300 Scenic Hill Ln.  
 City State Zip Code  
 DeWitt IA 52742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.12185  
 Amount of Each Receipt this Period 125.00  
 Director retainer deduction of \$125 per qtr.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00  
**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 266 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2009

Transaction ID: SA11AI.11517

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 24 / 2009

Transaction ID: SA11AI.11592

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2009

Transaction ID: SA11AI.11667

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 267 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 21 / 2009

**Transaction ID: SA11AI.11751**

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2009

**Transaction ID: SA11AI.11827**

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 18 / 2009

**Transaction ID: SA11AI.11918**

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 268 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009  
**Transaction ID:** SA11AI.11998  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**B.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID:** SA11AI.12076  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction of \$25 per pay

**C.** Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 30 / 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

**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 269 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12235  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12311  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.12390  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 270 / 305  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 23 / 2009  
Transaction ID: SA11AI.12464  
Amount of Each Receipt this Period 25.00  
Payroll deduction of \$25 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 10 / 2009  
Transaction ID: SA11AI.11518  
Amount of Each Receipt this Period 20.00  
Payroll deduction of \$20 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2009  
Transaction ID: SA11AI.11593  
Amount of Each Receipt this Period 20.00  
Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 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 271 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00
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Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.11668

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.11752

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00
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Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.11828

Amount of Each Receipt this Period  
20.00

Payroll deduction of \$20 per pay

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

60.00

**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 272 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger  
Mailing Address 7105 Lakebrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00  
Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.11919  
Amount of Each Receipt this Period 20.00  
Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger  
Mailing Address 7105 Lakebrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.11999  
Amount of Each Receipt this Period 20.00  
Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger  
Mailing Address 7105 Lakebrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.12077  
Amount of Each Receipt this Period 20.00  
Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 60.00  
**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 273 / 305  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 30 / 2009  
**Transaction ID:** SA11AI.12153  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**B.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12236  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**C.** Full Name (Last, First, Middle Initial)  
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12312  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction of \$20 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 274 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)

Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.12391

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

B.

Full Name (Last, First, Middle Initial)

Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12465

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

C.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.11464

Amount of Each Receipt this Period

40.00

Payroll deduction of \$40 per pay

SUBTOTAL of Receipts This Page (optional) ▶

80.00

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 275 / 305  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2009

**Transaction ID:** SA11AI.11538

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2009

**Transaction ID:** SA11AI.11612

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2009

**Transaction ID:** SA11AI.11693

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**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 276 / 305  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2009

**Transaction ID:** SA11AI.11773

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 760.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.11863

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.11944

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 840.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** SA11AI.12023

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 880.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12099

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 920.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12179

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**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 278 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 960.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12257

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.12335

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1040.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

**Transaction ID:** SA11AI.12409

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**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 279 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 10 / 2009  
**Transaction ID:** SA11AI.11458  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 24 / 2009  
**Transaction ID:** SA11AI.11532  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 07 / 2009  
**Transaction ID:** SA11AI.11606  
 Amount of Each Receipt this Period: 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 08 / 21 / 2009  
**Transaction ID:** SA11AI.11687  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00  
 Date of Receipt 09 / 04 / 2009  
**Transaction ID:** SA11AI.11767  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00  
 Date of Receipt 09 / 18 / 2009  
**Transaction ID:** SA11AI.11857  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 281 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.11938

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.12017

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.12093

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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  
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FOR LINE NUMBER: PAGE 282 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
Mailing Address 4918 Norfolk Drive  
City Bettendorf State IA Zip Code 52722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12173  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
Mailing Address 4918 Norfolk Drive  
City Bettendorf State IA Zip Code 52722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 11 / 25 / 2009  
Transaction ID: SA11AI.12251  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
Mailing Address 4918 Norfolk Drive  
City Bettendorf State IA Zip Code 52722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.12329  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00  
**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  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Wetzel  
 Mailing Address 4918 Norfolk Drive  
 City State Zip Code  
 Bettendorf IA 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Mutual Ins. Co. V. P. Claims  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 390.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.12403  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert  
 Mailing Address 5519 Medallion Drive W.  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Insurance Company Senior Vice President  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 420.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.11519  
 Amount of Each Receipt this Period  
 30.00  
 Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert  
 Mailing Address 5519 Medallion Drive W.  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Insurance Company Senior Vice President  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 450.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 4 / 2 0 0 9  
**Transaction ID:** SA11AI.11594  
 Amount of Each Receipt this Period  
 30.00  
 Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**  
**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 284 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.11669

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.11753

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.11829

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 285 / 305

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2009		
	Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11AI.11920		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2009		
	Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11AI.12000		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2009		
	Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11AI.12078		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 286 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12154

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** SA11AI.12237

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.12313

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00

**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 287 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

Transaction ID: SA11AI.12392

Amount of Each Receipt this Period  
30.00

Payroll deduction of \$30 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI.12466

Amount of Each Receipt this Period  
30.00

Payroll deduction of \$30 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Ins. Company

Occupation  
Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2009

Transaction ID: SA11AI.11520

Amount of Each Receipt this Period  
15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 288 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

**Transaction ID:** SA11AI.11595

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

**Transaction ID:** SA11AI.11670

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company  
Occupation Assist. V. P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.11754

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.00**

**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 289 / 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 09 / 04 / 2009  
Transaction ID: SA11AI.11830  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00  
Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.11921  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.12001  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 290 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.12079  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**B.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.12155  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Williams  
Mailing Address 14924 S. R. 35, E.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.12238  
Amount of Each Receipt this Period 15.00  
Payroll deduction of \$15 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 291 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

<b>A.</b> Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.  City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 9 <b>Transaction ID:</b> SA11AI.12314 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

<b>B.</b> Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.  City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 9 <b>Transaction ID:</b> SA11AI.12393 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

<b>C.</b> Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.  City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9 <b>Transaction ID:</b> SA11AI.12467 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> 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 292 / 305  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 10 / 2009  
Transaction ID: SA11AI.11521  
Amount of Each Receipt this Period 35.00  
Payroll deduction of \$35 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 24 / 2009  
Transaction ID: SA11AI.11596  
Amount of Each Receipt this Period 35.00  
Payroll deduction of \$35 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 07 / 2009  
Transaction ID: SA11AI.11671  
Amount of Each Receipt this Period 35.00  
Payroll deduction of \$35 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**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 293 / 305

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2009

Transaction ID: SA11AI.11755

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 04 / 2009

Transaction ID: SA11AI.11831

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.11922

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

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

105.00

**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 294 / 305  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.12002

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

**B.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
735.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12080

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

**C.**

Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
770.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12156

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

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

105.00

**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 295 / 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.12239  
 Amount of Each Receipt this Period 35.00  
 Payroll deduction of \$35 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 25 / 2009  
**Transaction ID:** SA11AI.12315  
 Amount of Each Receipt this Period 35.00  
 Payroll deduction of \$35 per pay

**C.** Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Treasurer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.12394  
 Amount of Each Receipt this Period 35.00  
 Payroll deduction of \$35 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**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 296 / 305	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt																					
	Mailing Address 90 Timberknoll Loop		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	3		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.12468																				
	Powell	OH	43065	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	35.00																					
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer	Payroll deduction of \$35 per pay																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	910.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19828.80



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fisher for Ohio</p> <p>Mailing Address PO Box 1418</p> <p>City Columbus State OH Zip Code 43216</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Fisher for Ohio</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11846 <b>Date of Disbursement</b> 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jordan for Congress</p> <p>Mailing Address 2160 Kettering Tower</p> <p>City Dayton State OH Zip Code 45423</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Jordan for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11762 <b>Date of Disbursement</b> 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Austria for Congress</p> <p>Mailing Address 20 S. Limestone St. Room 390</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.12319 <b>Date of Disbursement</b> 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Stivers for U S Congress</p> <p>Mailing Address 372 West 2nd Avenue</p> <p>City Columbus State OH Zip Code 43201</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Steve Stivers for U S Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11930 <b>Date of Disbursement</b> 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stivers for Congress</p> <p>Mailing Address 211 S. Fifth St.</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Stivers for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.12244 <b>Date of Disbursement</b> 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name TIBERI FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11760 <b>Date of Disbursement</b> 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 299 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)  
TIBERI FOR CONGRESS

Transaction ID: SB23.11761  
Date of Disbursement

Mailing Address 2931 E Dublin Granville Road  
Suite 190

/   /

City State Zip Code  
Columbus OH 43231

Amount of Each Disbursement this Period

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name  
TIBERI FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 300 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Batchelder for Representative Committee

Mailing Address 105 West Liberty Street

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Batchelder for Representative Committee

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OH District: 69

Transaction ID: SB29.12473  
Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Buehrer

Mailing Address 319 East Elm Street

City Wauseon State OH Zip Code 43567

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
Citizens for Buehrer

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: OH District: 01

Transaction ID: SB29.11838  
Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Political Contributions

011  
Category/  
Type

Candidate Name  
Citizens for Kevin Bacon

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: OH District: 21

Transaction ID: SB29.11926  
Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1300.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 301 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p>	<p>Transaction ID: SB29.12010</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p>	<p>Transaction ID: SB29.12087</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Mary Taylor</p> <p>Mailing Address 3788 Park Ridge Drive</p> <p>City Uniontown State OH Zip Code 44685</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Mary Taylor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB29.12474</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 305

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coleman for Columbus</p> <p>Mailing Address P O Box 1596</p> <p>City Columbus State OH Zip Code 43216</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Coleman for Columbus</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11837 <b>Date of Disbursement</b> 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Faber</p> <p>Mailing Address 7706 State Route 703</p> <p>City Celina State OH Zip Code 45822</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Friends of Faber</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12088 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Heard</p> <p>Mailing Address 87 S. Hampton Rd.</p> <p>City Columbus State OH Zip Code 43213</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Friends of Heard</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 26</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12164 <b>Date of Disbursement</b> 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Kris Jordan</p> <p>Mailing Address 161 Stonebend Drive</p> <p>City Powell State OH Zip Code 43065</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Friends of Kris Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12009</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Shannon Jones</p> <p>Mailing Address 800 Valley View Point</p> <p>City Springboro State OH Zip Code 45066</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Friends of Shannon Jones</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12011</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Husted for Ohio</p> <p>Mailing Address 148 Sherbrooke Drive</p> <p>City Kettering State OH Zip Code 45429</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Husted for Ohio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12168</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.	Full Name (Last, First, Middle Initial) Kasich for Ohio	Transaction ID: SB29.11844 Date of Disbursement
	Mailing Address 14 E. Gay Street 2nd Floor	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43209	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions	<input type="text" value="1000.00"/>
	Candidate Name Kasich for Ohio	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike DeWine for Ohio	Transaction ID: SB29.11678 Date of Disbursement
	Mailing Address 2587 Conley Rd.	<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Cedarville State OH Zip Code 45314	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mike DeWine for Ohio	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OIIPAC	Transaction ID: SB29.12167 Date of Disbursement
	Mailing Address 172 East State Street P. O. Box 816	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name OIIPAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)  
Strickland for Governor

Transaction ID: SB29.11839

Date of Disbursement

Mailing Address 65 E. State St.  
Suite 1800

/   /

City State Zip Code  
Columbus OH 43215

Amount of Each Disbursement this Period

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name  
Strickland for Governor

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: OH District:

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

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