

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		33086.11
(b) Cash on Hand at Beginning of Reporting Period.....	19084.06	
(c) Total Receipts (from Line 19)	2466.20	38845.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21550.26	71931.71
7. Total Disbursements (from Line 31).....	2.00	50383.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21548.26	21548.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

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).....	2420.20	23067.40
(ii) Unitemized	46.00	14778.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2466.20	37845.60
(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)	2466.20	37845.60
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2466.20	38845.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2466.20	38845.60

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2.00	33.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2.00	33.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	47100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2.00	50383.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2.00	50383.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	2466.20	37845.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2466.20	37845.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.00	33.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	33.45

**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 6 OF 45
<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. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22207

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22208

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

C. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22209

Amount of Each Receipt this Period

25.00

 Payroll deduction of \$25

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 7 OF 45
(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

Full Name (Last, First, Middle Initial)
A. David R. Benseler

Mailing Address 2746 Sandhurst Dr.

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.22210

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Alissa Bills

Mailing Address 5300 Snider Loop

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.22211

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)
C. Alissa Bills

Mailing Address 5300 Snider Loop

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.22212

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

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 8 OF 45
(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. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 05 / 2014
Transaction ID : SA11AI.22213
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

B. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22214
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

C. Thomas J. Brock
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 E. Spring St. #326
 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 / 05 / 2014
Transaction ID : SA11AI.22215
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

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 9 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22216

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 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 M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22217

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22219

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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 10 OF 45
(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. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)
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 Sr. VP Marketing Services & PL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22220
Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

B. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)
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 Sr. VP Marketing Services & PL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 19 / 2014**
Transaction ID : SA11AI.22221
Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

C. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)
Mailing Address 4282 Hunts Drive
City Gahanna State OH Zip Code 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 ▼ **375.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22222
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

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 11 OF 45
(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. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22223

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
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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 M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
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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 M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22225

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 12 OF 45
<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. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22226
 Amount of Each Receipt this Period **15.00**
 payroll deduction of \$15

B. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 19 / 2014**
Transaction ID : SA11AI.22227
 Amount of Each Receipt this Period **15.00**
 payroll deduction of \$15

C. Mr. Jason M Eppley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, Commercial Production & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22228
 Amount of Each Receipt this Period **15.00**
 payroll deduction of \$15

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 13 OF 45
	<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

Full Name (Last, First, Middle Initial) A. Mr. Jason M Eppley		Date of Receipt 12 / 19 / 2014 Transaction ID : SA11AI.22229
Mailing Address 7918 Brianna Drive		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Jeffrey S Fee		Date of Receipt 12 / 05 / 2014 Transaction ID : SA11AI.22230
Mailing Address 537 Courtright Court		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Pickerington	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Co.	Occupation Asst Vice President Commercial Lines
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Jeffrey S Fee		Date of Receipt 12 / 19 / 2014 Transaction ID : SA11AI.22231
Mailing Address 537 Courtright Court		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Pickerington	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Co.	Occupation Asst Vice President Commercial Lines
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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 14 OF 45
(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. Cynthia Feldner
Full Name (Last, First, Middle Initial)
Mailing Address 4555 Windrow Dr.
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 AVP Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22232
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Cynthia Feldner
Full Name (Last, First, Middle Initial)
Mailing Address 4555 Windrow Dr.
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 AVP Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 19 / 2014**
Transaction ID : SA11AI.22233
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C. Mr. Larry L. Forrester
Full Name (Last, First, Middle Initial)
Mailing Address 9240 Griggs Rd
City Englewood State FL Zip Code 34224
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 ▼ **2052.50**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22234
Amount of Each Receipt this Period **70.10**
payroll deduction of \$70.10

SUBTOTAL of Receipts This Page (optional)..... **100.10**
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 15 OF 45
<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. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 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 ▼ 2122.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22235
 Amount of Each Receipt this Period
 70.10
 payroll deduction of \$70.10

B. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22236
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

C. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22237
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	100.10
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 OF 45
(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. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 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 Sr. VP, General Counsel & Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2014
Transaction ID : SA11AI.22238
 Amount of Each Receipt this Period 10.00
 payroll deduction of \$10

B. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 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 Sr. VP, General Counsel & Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22239
 Amount of Each Receipt this Period 10.00
 payroll deduction of \$10

c. Ms Ying George
 Full Name (Last, First, Middle Initial)
 Mailing Address 1389 Glenn Ave
 City Columbus State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 05 / 2014
Transaction ID : SA11AI.22240
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

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 17 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Ms Ying George

Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax Services
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22241

Amount of Each Receipt this Period

65.00

15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
B. Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22242

Amount of Each Receipt this Period

25.00

25.00
 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
C. Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22243

Amount of Each Receipt this Period

25.00

25.00
 payroll deduction of \$25

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 18 OF 45
(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. Mrs. Jeanne I. Gibbons

Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22244

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

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

B. Mrs. Jeanne I. Gibbons

Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22245

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

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

C. Elizabeth Graham

Full Name (Last, First, Middle Initial)
Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22246

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

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

Name of Employer: Motorists Mutual Ins. Company
Occupation: AVP Personal Lines Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

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 19 OF 45
(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. Elizabeth Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Ellis Place
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22247
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

B. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 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 VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 05 / 2014
Transaction ID : SA11AI.22248
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

C. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 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 VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22249
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

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 20 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Archie Griffin

Mailing Address 6845 Temperance Point Place

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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
12 / 05 / 2014
Transaction ID : SA11AI.22250

Amount of Each Receipt this Period
10.00
payroll deduction of \$10

Full Name (Last, First, Middle Initial)
B. Archie Griffin

Mailing Address 6845 Temperance Point Place

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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 ▼
260.00

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22251

Amount of Each Receipt this Period
10.00
payroll deduction of \$10

Full Name (Last, First, Middle Initial)
C. 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 ▼
375.00

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22252

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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 21 OF 45
(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. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22253
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 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, Treasurer and CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22254
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 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, Treasurer and CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22255
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

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 22 OF 45
	<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

A. Marc S. Hall
Full Name (Last, First, Middle Initial)

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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22256

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

B. Marc S. Hall
Full Name (Last, First, Middle Initial)

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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22257

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

C. Paul T. Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22258

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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 23 OF 45
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	<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. Paul T. Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 ▼ **390.00**

Date of Receipt **12 / 19 / 2014**

Transaction ID : SA11AI.22259

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

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 / 05 / 2014**

Transaction ID : SA11AI.22260

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

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 / 19 / 2014**

Transaction ID : SA11AI.22261

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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 24 OF 45
(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. Kirk Hennen
Full Name (Last, First, Middle Initial)
Mailing Address 2860 Wynridge Drive

City Grove City	State OH	Zip Code 43123
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Sales - West Zone
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22262

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

B. Kirk Hennen
Full Name (Last, First, Middle Initial)
Mailing Address 2860 Wynridge Drive

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Sales - West Zone
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22264

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

C. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)
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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22265

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 25 OF 45
(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

Full Name (Last, First, Middle Initial)
A. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22266

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
B. Mr. Dan E. Jeffers

Mailing Address 6401 Rossmore 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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22267

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
C. Mr. Dan E. Jeffers

Mailing Address 6401 Rossmore 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22268

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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 26 OF 45
<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. Ms Jessica Jones
Full Name (Last, First, Middle Initial)
Mailing Address 120 E. Dominion Blvd
City Columbus State OH Zip Code 43214
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22269
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Ms Jessica Jones
Full Name (Last, First, Middle Initial)
Mailing Address 120 E. Dominion Blvd
City Columbus State OH Zip Code 43214
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 19 / 2014**
Transaction ID : SA11AI.22270
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C. David L. Kaufman
Full Name (Last, First, Middle Initial)
Mailing Address 7925 Greenside Lane
City Worthington State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 05 / 2014**
Transaction ID : SA11AI.22271
Amount of Each Receipt this Period **30.00**
payroll deduction of \$30

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 27 OF 45
(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. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 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 Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22272
 Amount of Each Receipt this Period
 30.00
 payroll deduction of \$30

B. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. VP and CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22273
 Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

c. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. VP and CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22275
 Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Anne B. King

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 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 ▼ **640.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22276

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Anne B. King

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 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 ▼ **665.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22277

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
C. Teresa M. King

Mailing Address 1139 Tidewater Court

City Westerville	State OH	Zip Code 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 M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22278

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 29 OF 45
	<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

A. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 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
12 / 19 / 2014
Transaction ID : SA11AI.22279

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

B. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc State WI Zip Code 45220

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22282

Amount of Each Receipt this Period
20.00
payroll deduction of \$20

C. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc State WI Zip Code 45220

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22283

Amount of Each Receipt this Period
20.00
payroll deduction of \$20

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 30 OF 45
(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. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22284

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22285

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. Michael Lisi
Full Name (Last, First, Middle Initial)
Mailing Address 6740 Callaway Court

City Westerville	State OH	Zip Code 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 M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22286

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 31 OF 45
	<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

A. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 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 **12 / 19 / 2014**

Transaction ID : SA11AI.22287

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 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 ▼ **375.00**

Date of Receipt **12 / 05 / 2014**

Transaction ID : SA11AI.22288

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 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 ▼ **390.00**

Date of Receipt **12 / 19 / 2014**

Transaction ID : SA11AI.22289

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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 32 OF 45
(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. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22290
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

B. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22291
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

C. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 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 M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22292
 Amount of Each Receipt this Period
 45.00
 payroll deduction of \$45

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 33 OF 45
(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. Mr. Robert L. McCracken
Full Name (Last, First, Middle Initial)
Mailing Address 2135 Hunters Ridge Court
City Manitowoc State WI Zip Code 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 12 / 19 / 2014
Transaction ID : SA11AI.22293
Amount of Each Receipt this Period 45.00
payroll deduction of \$45

B. Mark J. Nixon
Full Name (Last, First, Middle Initial)
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 / 05 / 2014
Transaction ID : SA11AI.22294
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

C. Mark J. Nixon
Full Name (Last, First, Middle Initial)
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 ▼ 390.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22295
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

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 34 OF 45
	<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

A. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22296

Amount of Each Receipt this Period
50.00
payroll deduction of \$50

B. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22297

Amount of Each Receipt this Period
50.00
payroll deduction of \$50

C. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

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 / 05 / 2014
Transaction ID : SA11AI.22298

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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: (check only one)	PAGE 35 OF 45
	<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

A. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.22299

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

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

Mailing Address 5241 Lincoln Dr #119

City Edina State MN Zip Code 55436

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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11AI.22302

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina State MN Zip Code 55436

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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.22303

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

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 36 OF 45
	<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

A. Damian Puchala
Full Name (Last, First, Middle Initial)
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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22304

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Damian Puchala
Full Name (Last, First, Middle Initial)
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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22305

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Georgia Puls
Full Name (Last, First, Middle Initial)
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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22306

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 37 OF 45
	<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

A. Georgia Puls
Full Name (Last, First, Middle Initial)
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 ▼
390.00

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22307

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

B. Kelly Reisling
Full Name (Last, First, Middle Initial)
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 ▼
375.00

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22308

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

C. Kelly Reisling
Full Name (Last, First, Middle Initial)
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 ▼
390.00

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22309

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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 38 OF 45
	<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

A. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

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 Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22310

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

B. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

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 Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 19 / 2014
Transaction ID : SA11AI.22311

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

C. Austin Slattery
Full Name (Last, First, Middle Initial)

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

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 ▼
375.00

Date of Receipt
12 / 05 / 2014
Transaction ID : SA11AI.22312

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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 39 OF 45
	<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

A. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
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 12 / 19 / 2014
Transaction ID : SA11AI.22313
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

B. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)
Mailing Address 29270 Hampshire Place
City Westlake State OH Zip Code 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 / 05 / 2014
Transaction ID : SA11AI.22314
Amount of Each Receipt this Period 55.00
payroll deduction of \$55

C. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)
Mailing Address 29270 Hampshire Place
City Westlake State OH Zip Code 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 / 19 / 2014
Transaction ID : SA11AI.22315
Amount of Each Receipt this Period 55.00
payroll deduction of \$55

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 40 OF 45
(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. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22316

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22317

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

c. Charles D. Stapleton
Full Name (Last, First, Middle Initial)
Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22318

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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 41 OF 45
(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. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 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 Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22319
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

B. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City State Zip Code
 Lewis Center OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.22320
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

C. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City State Zip Code
 Lewis Center OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.22321
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

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 42 OF 45
(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. Mrs. Sharon B Thompson
Full Name (Last, First, Middle Initial)
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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22322

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mrs. Sharon B Thompson
Full Name (Last, First, Middle Initial)
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 ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22323

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)
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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22326

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

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 43 OF 45
(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. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)
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 **520.00**

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22327
Amount of Each Receipt this Period **20.00**
payroll deduction of \$20

B. Robert Weishaar
Full Name (Last, First, Middle Initial)
Mailing Address 530 Woodmark Run
City Gahanna State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **625.00**

Date of Receipt 12 / 05 / 2014
Transaction ID : SA11AI.22328
Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

C. Robert Weishaar
Full Name (Last, First, Middle Initial)
Mailing Address 530 Woodmark Run
City Gahanna State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **650.00**

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11AI.22329
Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... **70.00**
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 OF 45
(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. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)
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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22333

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)
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 ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.22334

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Ms Lisa Wharton
Full Name (Last, First, Middle Initial)
Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EPMO
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.22337

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 45 OF 45
	<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

A. Ms Lisa Wharton
Full Name (Last, First, Middle Initial)

Mailing Address 616 Birghton St

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 19 / 2014**

Transaction ID : SA11AI.22338

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Charles A. Williams
Full Name (Last, First, Middle Initial)

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 ▼ **375.00**

Date of Receipt **12 / 05 / 2014**

Transaction ID : SA11AI.22339

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Charles A. Williams
Full Name (Last, First, Middle Initial)

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 ▼ **390.00**

Date of Receipt **12 / 19 / 2014**

Transaction ID : SA11AI.22340

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	2420.20